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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
ST JUDE CHILDREN'S RESEARCH HOSPITAL
INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)Room/suite

262 DANNY THOMAS PLACERoom/suite

City or town, state or province, country, and ZIP or foreign postal code

MEMPHIS, TN 381053678

F Name and address of principal officer:
JAMES R DOWNING
262 DANNY THOMAS PLACE
MEMPHIS, TN 381053678

H(a) Is this a group return for subordinates?
☐ Yes ☒ No

H(b) Are all subordinates included?
☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

D Employer identification number
62-0646012

E Telephone number
(901) 595-3903

G Gross receipts \$ 1,238,803,363

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.STJUDE.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1959

M State of legal domicile: TN

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
THE MISSION OF ST. JUDE CHILDREN'S RESEARCH HOSPITAL IS TO ADVANCE CURES, AND MEANS OF PREVENTION, FOR PEDIATRIC CATASTROPHIC DISEASES THROUGH RESEARCH AND TREATMENT. CONSISTENT WITH THE VISION OF OUR FOUNDER DANNY THOMAS, NO CHILD IS DENIED TREATMENT BASED ON RACE, RELIGION OR A FAMILY'S ABILITY TO PAY.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	43
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	40
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	5,693
6 Total number of volunteers (estimate if necessary)	6	1,146
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	974,758,247	1,094,131,374
9 Program service revenue (Part VIII, line 2g)	109,172,619	125,905,299
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-556,846	-193,341
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	24,595,111	18,338,842
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,107,969,131	1,238,182,174

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,538,019	1,519,684
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	545,749,401	597,891,284
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	474,154,881	504,569,569
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,021,442,301	1,103,980,537
19 Revenue less expenses. Subtract line 18 from line 12	86,526,830	134,201,637

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	6,214,238,431	6,740,895,238
21 Total liabilities (Part X, line 26)	154,548,735	176,671,371
22 Net assets or fund balances. Subtract line 21 from line 20	6,059,689,696	6,564,223,867

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

PAT KEEL EVP, CAO & CFO

Type or print name and title

2021-04-23

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN P00752421

Firm's name ▶ DELOITTE TAX LLP

Firm's EIN ▶ 86-1065772

Firm's address ▶ 1033 DEMONBREUN SUITE 400

Phone no. (615) 259-1800

NASHVILLE, TN 37203

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

Part III**Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

THE MISSION OF ST. JUDE CHILDREN'S RESEARCH HOSPITAL IS TO ADVANCE CURES, AND MEANS OF PREVENTION, FOR PEDIATRIC CATASTROPHIC DISEASES THROUGH RESEARCH AND TREATMENT. CONSISTENT WITH THE VISION OF OUR FOUNDER DANNY THOMAS, NO CHILD IS DENIED TREATMENT BASED ON RACE, RELIGION OR A FAMILY'S ABILITY TO PAY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a	(Code:) (Expenses \$ 517,968,948 including grants of \$ 1,494,309) (Revenue \$ 131,089,600)
See Additional Data	

4b	(Code:) (Expenses \$ 477,972,478 including grants of \$ 25,375) (Revenue \$)
See Additional Data	

4c	(Code:) (Expenses \$ 34,572,326 including grants of \$) (Revenue \$)
See Additional Data	

4d	Other program services (Describe in Schedule O.)
(Expenses \$)	including grants of \$) (Revenue \$)

4e	Total program service expenses ▶	1,030,513,752
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a Yes	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	22	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>	25b	No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	26	No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>	28b	Yes
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33	Yes
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1,443
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

Part V **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	5,693			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			No	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b				
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No	
b If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No	
d If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8				
9 Sponsoring organizations maintaining donor advised funds.					
a Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10 Section 501(c)(7) organizations. Enter:					
a Initiation fees and capital contributions included on Part VIII, line 12	10a				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11 Section 501(c)(12) organizations. Enter:					
a Gross income from members or shareholders	11a				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a				
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c Enter the amount of reserves on hand	13c				
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a			No	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b				
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 720, Schedule N.	15		Yes		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			No	

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	43	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent	40	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	Yes	
b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **TN**

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
SHARON HENDRIX 262 DANNY THOMAS PLACE MEMPHIS, TN 381053678 (901) 595-3903

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII ☐

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

[illegible]

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								12,440,071	900,090	1,092,254

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1,159

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
FLINTCO LLC 2179 HILLSHIRE CIRCLE MEMPHIS, TN 38133	CONSTRUCTION CONTRACTOR	129,822,811
METHODIST HEALTHCARE MEMPHIS 1265 UNION AVE MEMPHIS, TN 38104	MEDICAL SERVICES	8,189,784
BELZ CONSTRUCTION SERVICES 100 PEABODY PLACE SUITE 1400 MEMPHIS, TN 38103	CONSTRUCTION CONTRACTOR	6,845,817
CERNER CORP 2800 ROCKCREEK PARKWAY KANSAS CITY, MO 64117	SOFTWARE SUPPORT	6,343,136
CS3 INC 8634 LADURL DRIVE BARTLETT, TN 38133	GENERAL CONTRACTOR	5,788,763

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 294

Form 990 (2019)										Page 9			
Part VIII Statement of Revenue													
Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>													
						(A) Total revenue		(B) Related or exempt function revenue		(C) Unrelated business revenue		(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts		1a Federated campaigns . . .				1a							
		b Membership dues . . .				1b							
		c Fundraising events . . .				1c							
		d Related organizations				1d		974,742,522					
		e Government grants (contributions)				1e		105,923,093					
		f All other contributions, gifts, grants, and similar amounts not included above				1f		13,465,759					
		g Noncash contributions included in lines 1a - 1f:\$				1g							
		h Total. Add lines 1a-1f ▶				1,094,131,374							
Program Service Revenue						Business Code							
		2a PATIENT CARE				621110		125,905,299		125,905,299			
		b											
		c											
		d											
		e											
		f All other program service revenue.											
		g Total. Add lines 2a-2f. ▶				125,905,299							
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts) ▶				10,608						10,608	
		4 Income from investment of tax-exempt bond proceeds ▶											
		5 Royalties ▶				9,196,260						9,196,260	
				(i) Real		(ii) Personal							
		6a Gross rents		6a									
		b Less: rental expenses		6b									
		c Rental income or (loss)		6c									
		d Net rental income or (loss) ▶											
				(i) Securities		(ii) Other							
		7a Gross amount from sales of assets other than inventory		7a		344,67872,562							
		b Less: cost or other basis and sales expenses		7b		297,325323,864							
		c Gain or (loss)		7c		47,353-251,302							
		d Net gain or (loss) ▶				-203,949		-251,302				47,353	
		8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18				8a							
		b Less: direct expenses				8b							
		c Net income or (loss) from fundraising events . . . ▶											
		9a Gross income from gaming activities. See Part IV, line 19				9a							
		b Less: direct expenses				9b							
		c Net income or (loss) from gaming activities . . . ▶											
		10a Gross sales of inventory, less returns and allowances . . .				10a							
b Less: cost of goods sold . . .				10b									
c Net income or (loss) from sales of inventory . . . ▶													
Miscellaneous Revenue				Business Code									
11a CAFETERIA/VENDING				722514		3,706,979				3,706,979			
b CHGME/CHCA				900099		2,511,652		2,511,652					
c HHMI				900099		314,924		314,924					
d All other revenue						2,609,027		2,609,027					
e Total. Add lines 11a-11d ▶						9,142,582							
12 Total revenue. See instructions ▶						1,238,182,174		131,089,600		012,961,200			

Form 990 (2019)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,519,684	1,519,684		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	7,356,160	3,495,905	3,860,255	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,564,318	708,944	855,374	
7 Other salaries and wages	452,819,491	419,082,100	33,737,391	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	27,647,071	25,587,221	2,059,850	
9 Other employee benefits	76,986,205	71,250,335	5,735,870	
10 Payroll taxes	31,518,039	29,169,782	2,348,257	
11 Fees for services (non-employees):				
a Management	36,333,252	33,992,094	2,341,158	
b Legal	1,804,215	1,687,959	116,256	
c Accounting	305,521	285,835	19,686	
d Lobbying	84,348		84,348	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	109,370,899	96,037,224	13,333,675	
12 Advertising and promotion	842,586	788,293	54,293	
13 Office expenses	2,481,229	2,435,712	45,517	
14 Information technology	44,044,149	41,206,134	2,838,015	
15 Royalties				
16 Occupancy	38,017,464	29,410,311	8,607,153	
17 Travel	10,901,555	9,940,852	960,703	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,593,303	1,167,854	425,449	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	93,150,613	83,259,639	9,890,974	
23 Insurance	1,481,772	1,027,337	454,435	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PHARMACEUTICAL SUPPLIES	60,909,957	59,792,596	1,117,361	
b LABORATORY SUPPLIES	55,911,370	54,885,706	1,025,664	
c TELEPHONE	1,419,444	1,241,128	178,316	
d ALLOCATION ADJUSTMENTS	0	22,219,502	-22,219,502	
e All other expenses	45,917,892	40,321,605	5,596,287	
25 Total functional expenses. Add lines 1 through 24e	1,103,980,537	1,030,513,752	73,466,785	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		4,118,944	1	4,829,004	
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net		29,362,954	3	32,617,969	
	4	Accounts receivable, net		21,028,537	4	24,494,869	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use		9,042,686	8	16,624,122	
	9	Prepaid expenses and deferred charges		19,016,975	9	21,891,614	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,902,926,436			
	b	Less: accumulated depreciation	10b	1,001,320,421	763,227,185	10c	901,606,015
	11	Investments—publicly traded securities		2,370,565	11	2,418,680	
	12	Investments—other securities. See Part IV, line 11			12		
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		5,366,070,585	15	5,736,412,965	
16	Total assets. Add lines 1 through 15 (must equal line 34)		6,214,238,431	16	6,740,895,238		
Liabilities	17	Accounts payable and accrued expenses		137,164,440	17	158,393,691	
	18	Grants payable			18		
	19	Deferred revenue		14,186,821	19	14,752,839	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		3,197,474	25	3,524,841	
	26	Total liabilities. Add lines 17 through 25		154,548,735	26	176,671,371	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		4,972,521,523	27	5,495,421,852	
	28	Net assets with donor restrictions		1,087,168,173	28	1,068,802,015	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		6,059,689,696	32	6,564,223,867	
33	Total liabilities and net assets/fund balances		6,214,238,431	33	6,740,895,238		

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,238,182,174
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,103,980,537
3	Revenue less expenses. Subtract line 2 from line 1	3	134,201,637
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,059,689,696
5	Net unrealized gains (losses) on investments	5	-9,846
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	370,342,380
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,564,223,867

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Yes	

Additional Data

Software ID:

Software Version:

EIN: 62-0646012

Name: ST JUDE CHILDREN'S RESEARCH HOSPITAL
INC

Form 990 (2019)

Form 990, Part III, Line 4a:

PATIENT CARE: THE HOSPITAL PROVIDED 19,201 INPATIENT DAYS OF CARE DURING THE YEAR. OUR BONE MARROW TRANSPLANTATION PROGRAM ACCOUNTED FOR 4,622 OR 24% OF THOSE INPATIENT DAYS. PATIENTS MADE 70,374 CLINIC VISITS DURING THE YEAR.

Form 990, Part III, Line 4b:

RESEARCH: THE CURRENT BASIC SCIENCE AND CLINICAL RESEARCH AT THE HOSPITAL INCLUDES WORK IN GENE THERAPY, CHEMOTHERAPY, THE BIOCHEMISTRY OF NORMAL AND CANCEROUS CELLS, RADIATION TREATMENT, BLOOD DISEASES, RESISTANCE TO THERAPY, VIRUSES, HEREDITARY DISEASES, INFLUENZA, PEDIATRIC AIDS AND PHYSIOLOGICAL EFFECTS OF CATASTROPHIC ILLNESSES.

Form 990, Part III, Line 4c:

EDUCATION AND TRAINING: AS PART OF ITS MISSION, THE HOSPITAL HAS DEVELOPED A GLOBAL INITIATIVE (ST. JUDE GLOBAL) TO IMPROVE THE SURVIVAL RATES OF CHILDREN WITH CANCER AND OTHER CATASTROPHIC DISEASES WORLDWIDE. ST. JUDE GLOBAL ACCOMPLISHES THIS BY SHARING KNOWLEDGE, TECHNOLOGY AND ORGANIZATIONAL SKILLS, HELPING TO IMPLEMENT NEW APPROACHES TO TREAT PEDIATRIC CANCER GLOBALLY, AND DEVELOPING REGIONAL NETWORKS COMMITTED TO ERADICATING CANCER IN CHILDREN. THIS MISSION WILL BE ACHIEVED BY FOCUSING ON THREE OVERRIDING GOALS: (1) TO TRAIN THE CLINICAL WORKFORCE THAT WILL BE REQUIRED TO MEET OUR MISSION, (2) TO DEVELOP AND STRENGTHEN HEALTH SYSTEMS AND PATIENT-CENTERED INITIATIVES THAT ENCOMPASS THE ENTIRE CONTINUUM OF CARE REQUIRED FOR CHILDREN WITH CANCER AND NON-MALIGNANT HEMATOLOGICAL DISEASES, AND (3) TO ADVANCE KNOWLEDGE IN GLOBAL PEDIATRIC ONCOLOGY AND HEMATOLOGY THROUGH RESEARCH TO SUSTAIN A CONTINUOUS IMPROVEMENT IN THE LEVEL AND QUALITY OF CARE DELIVERED AROUND THE GLOBE. THESE INITIATIVES ARE SPEARHEADED BY ST. JUDE EXPERTS WHO WORK CLOSELY WITH HEALTHCARE PROFESSIONALS AT OUR PARTNER SITES. IN ADDITION, A GRADUATE PROGRAM AT THE DOCTORAL AND MASTER'S LEVEL IS OFFERED THROUGH A WHOLLY-OWNED SUBSIDIARY, ST. JUDE CHILDREN'S RESEARCH HOSPITAL GRADUATE SCHOOL OF BIOMEDICAL SCIENCES, LLC, TO EDUCATE AND TRAIN FUTURE GENERATIONS OF SCIENTISTS SEEKING TO UNDERSTAND THE MOLECULAR BASIS OF HUMAN DISEASE AND DEVELOP NOVEL THERAPIES BASED ON THAT UNDERSTANDING.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOYCE ABOUSSIE VOTING DIRECTOR	4.00	X						0	0	0
SUSAN MACK AQUILLARD MD VOTING DIRECTOR	8.00	X						0	0	0
MAHIR AWDEH MD VOTING DIRECTOR	4.00	X						0	0	0
JOSEPH S AYOUB JR ESQ VOTING DIRECTOR	4.00	X						0	0	0
PAUL J AYOUB ESQ VOTING DIRECTOR	8.00	X						0	0	0
FREDERICK M AZAR MD VOTING DIRECTOR	4.00	X						0	0	0
JAMES B BARKATE VOTING DIRECTOR	4.00	X						0	0	0
MARTHA PERINE BEARD VOTING DIRECTOR	4.00	X						0	0	0
SHERYL BOURISK VOTING DIRECTOR	4.00	X						0	0	0
ROBERT A BREIT MD VOTING DIRECTOR	4.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
FOUAD HAJJAR MD VOTING DIRECTOR	4.00 4.00	X						0	0	0
FREDERICK R HARRIS JR MD VOTING DIRECTOR	4.00 4.00	X						0	0	0
BRUCE B HOPKINS VOTING DIRECTOR	4.00 4.00	X						0	0	0
J DAVID KARAM II VOTING DIRECTOR	4.00 4.00	X						0	0	0
SHARON L MCCOLLAM VOTING DIRECTOR	4.00 4.00	X						0	0	0
MICHAEL D MCCOY VOTING DIRECTOR	4.00 4.00	X						0	0	0
ROBERT T MOLINET ESQ VOTING DIRECTOR	4.00 4.00	X						0	0	0
RAMZI NUWAYHID VOTING DIRECTOR	4.00 4.00	X						0	0	0
THOMAS PENN III VOTING DIRECTOR	4.00 4.00	X						0	0	0
CHRISTINA M RASHID VOTING DIRECTOR	4.00 4.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CAMILLE F SARROUF JR ESQ VOTING DIRECTOR	4.00	X						0	0	0
JOSEPH C SHAKER VOTING DIRECTOR	4.00	X						0	0	0
JOSEPH G SHAKER VOTING DIRECTOR	4.00	X						0	0	0
GEORGE A SIMON II VOTING DIRECTOR	4.00	X						0	0	0
MICHAEL SIMON VOTING DIRECTOR	4.00	X						0	0	0
PAUL J SIMON VOTING DIRECTOR	4.00	X						0	0	0
TONY THOMAS VOTING DIRECTOR	4.00	X						0	0	0
RICHARD M UNES VOTING DIRECTOR	4.00	X						0	0	0
PAUL H WEIN ESQ VOTING DIRECTOR	4.00	X						0	0	0
SUSAN R WINDHAM-BANNISTER VOTING DIRECTOR	4.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TAMA ZAYDON VOTING DIRECTOR	4.00 8.00	X						0	0	0
RICHARD C SHADYAC JR EX-OFFICIO DIRECTOR	1.00 55.00	X						0	900,090	120,371
JAMES R DOWNING PRESIDENT/CEO	55.00 1.00	X		X				2,269,403	0	55,482
PATRICIA A KEEL EVP, CAO & CFO	55.00 0.00			X				617,676	0	84,912
JAMES I MORGAN EVP/SCIENTIFIC DIRECTOR	55.00 0.00			X				595,863	0	57,982
ELLIS NEUFELD EVP/CLINICAL DIRECTOR	55.00 0.00			X				771,578	0	166,470
CHARLES M ROBERTS EVP/DIRECTOR CANCER CENTER	55.00 0.00			X				811,748	0	158,513
CARLOS RODRIGUEZ-GALINDO EVP/CHAIR	55.00 0.00			X				747,423	0	75,603
DORALINA ANGHELESCU FACULTY	55.00 0.00					X		1,103,534	0	48,806
ANDREW DAVIDOFF CHAIR	55.00 0.00					X		865,046	0	62,476

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TERRENCE L GEIGER SVP/DEPUTY DIRECTOR	55.00 0.00					X		1,051,313	0	65,036
MARY ELIZABETH MCCARVILLE FACULTY	55.00 0.00					X		1,063,154	0	52,771
THOMAS E MERCHANT CHAIR	55.00 0.00					X		949,244	0	65,036
WILLIAM E EVANS FACULTY/FORMER PRESIDENT/CEO	55.00 0.00						X	662,985	0	42,843
MARY ANNA QUINN FORMER EVP/CAO	55.00 0.00						X	931,104	0	35,953

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
ST JUDE CHILDREN'S RESEARCH HOSPITAL
INC

Employer identification number
62-0646012

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	895,523,715	753,145,680	851,803,301	974,758,247	1,094,131,374	4,569,362,317
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3	895,523,715	753,145,680	851,803,301	974,758,247	1,094,131,374	4,569,362,317
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). .						
6	Public support. Subtract line 5 from line 4.						4,569,362,317

Section B. Total Support								
Calendar year (or fiscal year beginning in) ►		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
7	Amounts from line 4. . .	895,523,715	753,145,680	851,803,301	974,758,247	1,094,131,374	4,569,362,317	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	11,681,881	4,641,541	11,308,521	14,733,405	9,206,868	51,572,216	
9	Net income from unrelated business activities, whether or not the business is regularly carried on . . .							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .	6,775,862	20,138,461	7,598,809	9,873,680	9,142,582	53,529,394	
11	Total support. Add lines 7 through 10						4,674,463,927	
12	Gross receipts from related activities, etc. (see instructions)						12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>							

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14 97.750 %
15	Public support percentage for 2018 Schedule A, Part II, line 14	15 97.610 %
16a	33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>	
b	33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
1		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3a		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4b		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5a		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
6		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9a		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9b		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10a		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
10b		

Part IV

Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1 <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes			
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3 Administrative expenses paid to accomplish exempt purposes of supported organizations			
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI). See instructions			
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions			
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART II, SECTION B, LINE 10:	EXPLANATION FOR OTHER INCOME: 2015 \$ 3,709,328 - CAFETERIA/VENDING \$ 1,683,327 - CHGME/CHC A \$ 1,383,207 - OTHER REVENUE \$ 6,775,862 - TOTAL OTHER INCOME 2016 \$ 8,152,422 - BOND DEF EASANCE GAIN \$ 4,086,280 - CAFETERIA/VENDING \$ 2,058,124 - CHGME/CHCA \$ 5,841,635 - OTHER REVENUE \$ 20,136,461 - TOTAL OTHER INCOME 2017 \$ 4,288,072 - CAFETERIA/VENDING \$ 2,351,842 - CHGME/CHCA \$ 327,751 - HHMI \$ 631,144 - OTHER REVENUE \$ 7,598,809 - TOTAL OTHER INCOME 2018 \$ 4,454,476 - CAFETERIA/VENDING \$ 2,344,673 - CHGME/CHCA \$ 363,869 - HHMI \$ 2,710,662 - OTHER REVENUE \$ 9,873,680 - TOTAL OTHER INCOME 2019 \$ 3,706,979 - CAFETERIA/VENDING \$ 2,511,652 - CHGME/CHCA \$ 314,924 - HHMI \$ 2,609,027 - OTHER REVENUE \$ 9,142,582 - TOTAL OTH ER INCOME

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization ST JUDE CHILDREN'S RESEARCH HOSPITAL INC	Employer identification number 62-0646012
-------------------------------------------------------------------------	----------------------------------------------

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	\$
3	Volunteer hours for political campaign activities (see instructions)	

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	\$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	\$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV.	

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	\$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	\$
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b.	\$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.**Limits on Lobbying Expenditures**
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated group
totals**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)**b** Total lobbying expenditures to influence a legislative body (direct lobbying)**c** Total lobbying expenditures (add lines 1a and 1b)**d** Other exempt purpose expenditures**e** Total exempt purpose expenditures (add lines 1c and 1d)**f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000.

g Grassroots nontaxable amount (enter 25% of line 1f)**h** Subtract line 1g from line 1a. If zero or less, enter -0-**i** Subtract line 1f from line 1c. If zero or less, enter -0-**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?☐ **Yes** ☐ **No****4-Year Averaging Period Under Section 501(h)****(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)****Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		20,197
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		64,151
j	Total. Add lines 1c through 1i			84,348
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART II-B, LINE 1:	LINE 1B) ST. JUDE EMPLOYS A DIRECTOR OF GOVERNMENT AFFAIRS; LINE 1G) AMOUNT LISTED IS PRORATED SALARY OF DIRECTOR OF GOVERNMENT AFFAIRS PLUS TRAVEL EXPENSES; LINE 1I) AMOUNT LISTED IS RELATED TO PRORATED RETAINER FEES FOR DIRECT STATE LEGISLATIVE CONTACTS AS WELL AS PROFESSIONAL DUES ATTRIBUTABLE TO LOBBYING FOR THE CHGME PROGRAM.

SCHEDULE D

(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

ST JUDE CHILDREN'S RESEARCH HOSPITAL
INC

Employer identification number

62-0646012

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a☐ Public exhibition

b☐ Scholarly research

c☐ Preservation for future generations

d☐ Loan or exchange programs

e☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back	
1a	Beginning of year balance	1,055,350,944	1,024,698,330	965,253,422	873,056,599	873,885,134
b	Contributions	5,491,426	4,864,242	21,281,957	12,552,432	2,341,719
c	Net investment earnings, gains, and losses	34,726,892	64,664,085	92,690,065	103,475,245	-72,118
d	Grants or scholarships					
e	Other expenditures for facilities and programs	61,886,272	38,875,713	54,527,114	23,830,854	3,098,136
f	Administrative expenses					
g	End of year balance	1,033,682,990	1,055,350,944	1,024,698,330	965,253,422	873,056,599

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a

Board designated or quasi-endowment ▶ 9.650 %

b

Permanent endowment ▶ 90.350 %

c

Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)	Yes	
3a(ii)	Yes	
3b	Yes	

4

Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land			
b	Buildings	1,386,928,579	644,219,105	742,709,474
c	Leasehold improvements			
d	Equipment	497,603,934	348,702,257	148,901,677
e	Other	18,393,923	8,399,059	9,994,864
Total.	Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶			901,606,015

Schedule D (Form 990) 2019

Part VII

Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII

Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶		

Part IX

Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) INTEREST IN NET ASSETS OF AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC	5,736,412,965
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	5,736,412,965

Part X

Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SELF INSURANCE LIABILITY	1,588,462
(3) WORKERS COMPENSATION	1,356,370
(4) OWNER CONTROLLED INSURANCE PROGRAM	580,009
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	3,524,841

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	652,138,344
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-9,846
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	388,708,538
e	Add lines 2a through 2d	2e	388,698,692
3	Subtract line 2e from line 1	3	263,439,652
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	974,742,522
c	Add lines 4a and 4b	4c	974,742,522
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	1,238,182,174

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	1,103,980,537
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	1,103,980,537
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	1,103,980,537

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 62-0646012
Name: ST JUDE CHILDREN'S RESEARCH HOSPITAL
INC

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	THE ENDOWMENT FUNDS ARE HELD BY AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC., A RELATED ORGANIZATION, AND ARE USED TO SUPPORT THE FUTURE NEEDS OF ST. JUDE.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	AS OF JUNE 30, 2020, THE ORGANIZATION HAD NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS UNDER ASC TOPIC 740, INCOME TAXES, REQUIRING ADJUSTMENTS TO ITS COMBINED FINANCIAL STATEMENTS. IN THE EVENT THE ORGANIZATION WERE TO RECOGNIZE INTEREST AND PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IT WOULD BE RECOGNIZED IN THE COMBINED FINANCIAL STATEMENTS AS A GENERAL EXPENSE. GENERALLY, TAX YEARS ENDING 2017 THROUGH 2020 ARE OPEN TO EXAMINATION BY THE FEDERAL AND STATE TAXING AUTHORITIES, RESPECTIVELY. THERE ARE NO INCOME TAX EXAMINATIONS CURRENTLY IN PROCESS.

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	CHANGE IN INTEREST IN NET ASSETS OF ALSAC WITHOUT DONOR RESTRICTIONS 388,708,538.

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	CONTRIBUTION - SUPPORT RECEIVED FROM ALSAC 974,742,522.

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
ST JUDE CHILDREN'S RESEARCH HOSPITAL
INC

Employer identification number
62-0646012

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	0	1			16,833,220
b Total from continuation sheets to Part I	0	0			191,769
c Totals (add lines 3a and 3b)	0	1			17,024,989

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ► _____
- 3 Enter total number of other organizations or entities ► _____

Part III	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
-----------------	---------------------------------------------------------------------------------------------------------------------------------------------------------

Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* ☐ Yes ☒ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 3:	EXPENDITURES ARE RECORDED ON AN ACCRUAL BASIS. PAYMENTS ARE ISSUED BASED ON CONTRACTUAL OBLIGATIONS UPON RECEIPT OF SUPPORTING DOCUMENTATION.

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

Additional Data

Software ID:

Software Version:

EIN: 62-0646012

Name: ST JUDE CHILDREN'S RESEARCH HOSPITAL
INC

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	1,515,523
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	6,065,816

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	1	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	2,749,024
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	4,364,159

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	0	0	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	1,140,436
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	66,463

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AMERICA	0	0	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	915,300
SOUTH ASIA	0	0	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	16,499

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	191,769

SCHEDULE H (Form 990)	Hospitals	OMB No. 1545-0047
▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.		2019 Open to Public Inspection
Name of the organization ST JUDE CHILDREN'S RESEARCH HOSPITAL INC		Employer identification number 62-0646012

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ % b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care. 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? 6a Did the organization prepare a community benefit report during the tax year? b If "Yes," did the organization make it available to the public? Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.	3a		No
		3b		No
		4	Yes	
		5a	Yes	
		5b	Yes	
		5c		No
		6a		No
		6b		

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			83,857,004	194,572	83,662,432	7.580 %
b Medicaid (from Worksheet 3, column a)			172,765,694	38,138,011	134,627,683	12.190 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			10,216,073	2,133,293	8,082,780	0.730 %
d Total Financial Assistance and Means-Tested Government Programs			266,838,771	40,465,876	226,372,895	20.500 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			28,970,716		28,970,716	2.620 %
f Health professions education (from Worksheet 5)			15,011,950	291,034	14,720,916	1.330 %
g Subsidized health services (from Worksheet 6)			29,378,651		29,378,651	2.660 %
h Research (from Worksheet 7)			426,077,746	80,831,917	345,245,829	31.270 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,820,970		1,820,970	0.160 %
j Total. Other Benefits			501,260,033	81,122,951	420,137,082	38.040 %
k Total. Add lines 7d and 7j			768,098,804	121,588,827	646,509,977	58.540 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			337		337	0 %
2 Economic development			97,806		97,806	0.010 %
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy			20,953		20,953	0 %
8 Workforce development			10,322		10,322	0 %
9 Other						
10 Total			129,418		129,418	0.010 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		No
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2		
	195,972		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3		
	0		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	0
6 Enter Medicare allowable costs of care relating to payments on line 5	6	611,136
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-611,136
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes

Part IV Management Companies and Joint Ventures

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?
1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
ST JUDE CHILDREN'S RESEARCH HOSPITAL

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____

1

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>SEE PART V, SECTION C</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

ST JUDE CHILDREN'S RESEARCH HOSPITAL

Name of hospital facility or letter of facility reporting group		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes
a <input type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of _____% and FPG family income limit for eligibility for discounted care of _____%			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input type="checkbox"/> Asset level			
d <input type="checkbox"/> Medical indigency			
e <input type="checkbox"/> Insurance status			
f <input type="checkbox"/> Underinsurance discount			
g <input type="checkbox"/> Residency			
h <input checked="" type="checkbox"/> Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15	Yes
a <input type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input checked="" type="checkbox"/> Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16	Yes
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): SEE PART V, SECTION C			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): SEE PART V, SECTION C			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): SEE PART V, SECTION C			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

ST JUDE CHILDREN'S RESEARCH HOSPITAL

Name of hospital facility or letter of facility reporting group

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):		
a <input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b <input type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input checked="" type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21 Yes	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

ST JUDE CHILDREN'S RESEARCH HOSPITAL

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☒ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

[illegible]

Part V **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 3C:	NO FAMILY EVER PAYS ST. JUDE FOR TREATMENT. WE DO NOT NEED TO DETERMINE ELIGIBILITY FOR THIS ASSISTANCE. BY DEFAULT, ALL PATIENTS ARE ELIGIBLE TO RECEIVE MEDICAL CARE AND SUPPORT SERVICES AT NO COST. ALL PATIENTS ACCEPTED FOR ST. JUDE TREATMENT RECEIVE CARE WHETHER OR NOT THEY OR THEIR FAMILIES CAN PAY FOR IT. ST. JUDE DOES HAVE A BILLING SYSTEM, BUT PATIENTS DO NOT RECEIVE BILLS. IF THE PATIENT HAS INSURANCE, ST. JUDE BILLS THE INSURANCE PLAN OR OTHER ORGANIZATION THAT PAYS HEALTH COSTS. BILLING INSURANCE FOR THE COSTS THAT WOULD BE DUE AT ANY OTHER HOSPITAL ALLOWS ST. JUDE TO CONTINUE DOING SOME OF THE MOST ADVANCED RESEARCH IN THE WORLD. IT ALSO ALLOWS ST. JUDE TO PAY FOR TREATMENTS, COPAYMENTS, DEDUCTIBLES, COINSURANCE, AND ANY OTHER COSTS INSURANCE DOES NOT COVER. TO ENSURE FAMILIES ARE MAKING USE OF ALL RESOURCES FOR WHICH THEY ARE ELIGIBLE, WE HAVE PROGRAMS TO ASSIST FAMILIES IN ENROLLING IN VARIOUS PUBLIC ASSISTANCE PROGRAMS FOR WHICH THEY MAY QUALIFY, INCLUDING BUT NOT LIMITED TO TENNCARE/MEDICAID, COVERKIDS, CHIPS AND SOCIAL SECURITY. DOING SO ENSURES AN APPROPRIATE SAFETY NET SHOULD THE FAMILY SEEK TREATMENT OUTSIDE OF ST. JUDE AND IT ALLOWS US TO BE GOOD STEWARDS OF DONOR DOLLARS. WE ALSO CONTRACT WITH A VENDOR TO PROVIDE CERTIFIED APPLICATION COUNSELOR SERVICES TO ASSIST FAMILIES APPLYING FOR HEALTH INSURANCE COVERAGE THROUGH FEDERAL OR STATE FACILITATED MARKETPLACES.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7:	COST-TO-CHARGE RATIO DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST TO CHARGES. COST-TO-CHARGE RATIO USED FOR LINE 7A FINANCIAL ASSISTANCE AT COST, LINE 7B MEDICAID, AND LINE 7C COSTS OF OTHER MEANS-TESTED GOVERNMENT PROGRAMS. SOME CHIPS VOLUME IS INCLUDED IN MEDICAID IN PART I, LINE 7B BECAUSE IN MANY STATES THE CHIPS PROGRAMS ARE MANAGED BY THE SAME THIRD PARTY ADMINISTRATORS, AND IT IS DIFFICULT TO DISTINGUISH BETWEEN CHIPS AND MEDICAID COVERAGE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7G:	ST. JUDE CHILDREN'S RESEARCH HOSPITAL INCLUDED AS SUBSIDIZED HEALTH SERVICES SUPPORT FOR EIGHT AFFILIATE CLINICS TOTALING APPROXIMATELY \$9.8 MILLION.

Form and Line Reference	Explanation
<p>PART II, COMMUNITY BUILDING ACTIVITIES:</p>	<p>THE ST. JUDE CHILDREN'S RESEARCH HOSPITAL PRESIDENT AND CEO IS A MEMBER OF MEMPHIS TOMORROW W. MEMPHIS TOMORROW IS AN ASSOCIATION OF CHIEF EXECUTIVE OFFICERS OF MEMPHIS' LARGEST ENTERPRISES. THE PURPOSE IS TO BRING TOP BUSINESS LEADERS TOGETHER WITH GOVERNMENT AND CIVIL LEADERS TO FOSTER ECONOMIC PROSPERITY FOR ALL WHO LIVE IN OUR COMMUNITY. THEIR INITIATIVES ARE FOCUSED IN THOSE AREAS WHICH DIRECTLY IMPACT ECONOMIC GROWTH AND OPPORTUNITY, INCLUDING HUMAN CAPITAL DEVELOPMENT, INDUSTRY DEVELOPMENT, AND PUBLIC SAFETY. ST. JUDE ALSO PARTICIPATES WITH MEMPHIS FAST FORWARD WHOSE STRATEGIES ARE BASED ON THE PREMISE THAT ECONOMIC GROWTH AND PROSPERITY, AND IMPROVED QUALITY OF LIFE, WILL FOLLOW ONCE MEMPHIS AND SHELBY COUNTY SUCCESSFULLY ADDRESS THE BASICS: GOOD JOBS, QUALITY EDUCATION, SAFE STREETS AND EFFICIENT GOVERNMENT. ST. JUDE IS A MEMBER OF THE ASPIRING FOR PURCHASING EXCELLENCE (APEX) ASSOCIATION OF MEMPHIS. APEX IS AN ASSOCIATION OF PURCHASING AND PROCUREMENT PROFESSIONALS FROM MEMPHIS ORGANIZATIONS WHOSE PURPOSE IS TO PROMOTE BEST PRACTICES IN SUPPLIER DIVERSITY. ADDITIONALLY, ST. JUDE IS GOLD SPONSOR FOR THE MID-SOUTH MINORITY BUSINESS COUNCIL (MMBC) ECONOMIC DEVELOPMENT FAIR. THE MMBC SERVES AS THE MID-SOUTH'S FOREMOST MINORITY BUSINESS DEVELOPMENT ORGANIZATION. THE MMBC HELPS TO DEVELOP A STRONG MINORITY AND WOMEN BUSINESS COMMUNITY IN AN EFFORT TO IMPACT ECONOMICALLY THE ENTIRE MID-SOUTH REGION. THE PEDIATRIC ONCOLOGY EDUCATION PROGRAM BRINGS FIFTY TO SIXTY STUDENTS EACH SUMMER FOR INTERNSHIPS IN BASIC SCIENCE OR CLINICAL RESEARCH. RHODES COLLEGE SUMMER PLUS PROGRAM ACCEPTS UP TO 15 STUDENTS INTO THE HOSPITAL'S RESEARCH LABORATORIES FOR A PERIOD OF ONE SUMMER, ONE ACADEMIC YEAR, AND A SECOND SUMMER. ADDITIONALLY, EXPERIENTIAL LEARNING INTERNSHIPS ARE STRUCTURED BY AND MANAGED BY ACADEMIC PROGRAMS IN MANY AREAS FROM SCIENCE TO ACCOUNTING. THERE ARE ANOTHER 200 STUDENTS INVOLVED IN THESE INTERNSHIPS. THESE PROGRAMS SUPPORT INCREASING THE AWARENESS OF CAREERS IN RESEARCH SCIENCE, HEALTHCARE, OR HEALTHCARE MANAGEMENT AND CONTRIBUTE TO PREPARING STUDENTS TO ENTER THESE CAREERS. THE CLINICAL EDUCATION AND TRAINING OFFICE HOSTS FORTY TO FIFTY STUDENTS ANNUALLY AS PATIENT CARE OBSERVERS. THESE STUDENTS ARE AT DIFFERENT STAGES OF TRAINING AND ARE FROM UNDERGRADUATE COLLEGES OR PROFESSIONAL HEALTHCARE SCHOOLS INCLUDING MEDICAL SCHOOLS. THE OBSERVERS ARE DECIDING ON OR CONFIRMING A DESIRE TO PURSUE A CAREER IN HEALTHCARE. THE FAMILY, GUEST, AND VOLUNTEER SERVICES DEPARTMENT PROVIDES SUMMER PROGRAMS FOR HIGH SCHOOL STUDENTS AND YEAR-ROUND PROGRAMS FOR COLLEGE STUDENTS. BOTH OF THESE PROGRAMS DRIVE ENTRY INTO HEALTH CAREERS. THE DEPARTMENT ALSO ENGAGES TWELVE FULL-TIME INTERNS, 4 EACH SEMESTER, WHO ARE EMBEDDED ON THE TEAM AND PREPARED FOR CAREERS IN NON-PROFIT LEADERSHIP OR HEALTHCARE MANAGEMENT. HOWEVER, DUE TO 2020 PANDEMIC, WE WERE FORCED TO SUSPEND ALL SUMMER PROGRAMS AND INTERNSHIPS. THE OFFICE OF LEGAL SERVICES (OLS) OFFERS LEGAL INTERNSHIPS TO LOCAL (UNIVERSITY OF MEMPHIS, OLE MISS) LAW STUDENTS DURING THE ACADEMIC YEAR AND TO NATIONAL LAW SCHOOLS DURING THE SUMMER. INTERNS PERFORM LEGAL RESEARCH ; DRAFT MEMORANDA, LETTERS, AND OTHER DOCUMENTS; DRAFT AND REVIEW CONTRACTUAL AGREEMENTS; PREPARE PRESENTATIONS TO ST. JUDE PERSONNEL; AND ASSIST WITH DRAFTING POLICIES. INTERNS ALSO LEARN THROUGH OBSERVATION OF AND PARTICIPATION IN DAY-TO-DAY LAW PRACTICE ACTIVITIES, INCLUDING LEGAL PROCEEDINGS, NEGOTIATIONS, MEETINGS, TRAININGS, AND COUNSELING SESSIONS. WHEN POSSIBLE, INTERNS WORK WITH CLIENT DEPARTMENTS AND DEPARTMENTAL STAFF TO GATHER INFORMATION AND TO GAIN INSIGHT INTO AND UNDERSTANDING OF RESEARCH, CLINICAL, BUSINESS, AND HEALTH CARE OPERATIONS. DUE TO COVID-19, OLS HAS TRANSITIONED THE INTERNSHIP PROGRAM TO AN ON-LINE LEARNING FORMAT. IN ADDITION, MEMBERS OF THE OFFICE OF LEGAL SERVICES ENGAGED IN THE FOLLOWING ACTIVITIES WITHIN THE MEMPHIS AND LARGER TENNESSEE COMMUNITIES:- VOLUNTEERED AT A SATURDAY LEGAL CLINIC ORGANIZED BY MEMPHIS AREA LEGAL SERVICES.- SERVED AS CHAIR OF THE HEALTH LAW & POLICY ADVISORY BOARD OF THE CECIL C. HUMPHREYS SCHOOL OF LAW, UNIVERSITY OF MEMPHIS.- PLANNED A HEALTH LAW NETWORKING EVENT AT THE UNIVERSITY OF MEMPHIS'S CECIL C. HUMPHREYS SCHOOL OF LAW.- SERVES ON THE TENNESSEE BAR ASSOCIATION HEALTH LAW SECTION EXECUTIVE COUNCIL. FINALLY, THE CHIEF GOVERNMENT AFFAIRS OFFICER WORKED IN COLLABORATION WITH LEGAL STAFF AND OUTSIDE ADVOCACY GROUPS TO SUPPORT EFFORTS TO CREATE A STATE PALLIATIVE CARE/QUALITY OF LIFE ADVISORY COUNCIL. THE ST. JUDE CHIEF GOVERNMENT AFFAIRS OFFICER CONTINUES TO SERVE ON THE BOARD OF DIRECTORS OF THE MEMPHIS RIVER PARKS PARTNERSHIP (MRPP). THE MRPP IS A NON-PROFIT ORGANIZATION THAT, UNDER A LONG-TERM CONTRACT WITH THE CITY OF MEMPHIS, MANAGES ALL THE PARKS ALONG A 5-MILE STRETCH OF THE MEMPHIS RIVERFRONT INCLUDING ALONG DOWNTOWN MEMPHIS AND MUD ISLAND RIVER PARK. ELEMENTS ALONG THE RIVER FOSTER HEALTHY LIFESTYLES INCLUDING RIVERFIT, A SERIES OF PHYSICAL FITNESS CHALLENGES.</p>

Form and Line Reference	Explanation
<p>PART II, COMMUNITY BUILDING ACTIVITIES:</p>	<p>LENGES, AND A PLAYGROUND DESIGNED SPECIFICALLY FOR CHILDREN AT BEALE ST. LANDING, THE ONLY CHILD-DESIGNATED PLAYGROUND ON THE MEMPHIS RIVERFRONT. THE MRPP IS ALSO WORKING WITH THE CITY OF MEMPHIS TO IMPLEMENT A SERIES OF IMPROVEMENTS DESIGNED TO TIE THE RIVERFRONT CLOSE R TO WORKERS AND RESIDENTS OF DOWNTOWN MEMPHIS TO MAKE ACCESS TO RIVERFRONT AMENITIES EASI ER FOR ALL CITIZENS OF MEMPHIS AND TOURISTS VISITING THE CITY. AS PART OF THESE ADVOCACY E FFORTS, MRPP WAS AWARDED \$10M IN STATE FUNDING TO UPGRADE TOM LEE PARK ON THE MEMPHIS RIVE R FRONT.THE ST. JUDE CHIEF GOVERNMENT AFFAIRS OFFICER CONTINUES TO SERVE ON THE BOARD OF C OMMISSIONERS OF THE MEMPHIS AREA TRANSIT AUTHORITY (MATA). IN THIS CAPACITY, HE HELPS TO P ROMOTE THE HEALTH OF THE COMMUNITY BY ADVOCATING FOR POLICIES THAT ENABLE ENHANCED MOBILIT Y FOR A LARGER PERCENTAGE OF THE POPULATION OF MEMPHIS AND SHELBY COUNTY.THE CHIEF LEGAL O FFICER PARTICIPATES ON COMMITTEES OF THE MEMPHIS CHILD ADVOCACY CENTER, WHICH HELPS LOCAL CHILDREN FIND SAFETY AND HEALING (INCLUDING ACCESS TO A MENTAL HEALTH PROFESSIONAL) AFTER A REPORT OF SEXUAL OR OTHER SEVERE ABUSE AND OFFERS ABUSE PREVENTION TRAINING TO COMMUNITY VOLUNTEERS AND PARENTS.THE CHIEF LEGAL OFFICER, AS CHAIR OF THE ADVISORY BOARD OF THE INS TITUTE FOR HEALTH LAW & POLICY OF THE CECIL C. HUMPHREYS UNIVERSITY OF MEMPHIS SCHOOL OF L AW, ENDEAVORS TO ADDRESS UNMET HEALTH LAW NEEDS OF THE LOCAL COMMUNITY AND WORK WITH COMMU NITY LEADERS TO PROACTIVELY ADDRESS HEALTH POLICY NEEDS.THE MANAGING COUNSEL FOR HEALTH AF FAIRS SERVES ON THE BOARD OF THE MEMPHIS BAR ASSOCIATION HEALTH LAW SECTION, AS A MEMBER O F THE COMMUNITY ADVISORY BOARD FOR MID-SOUTH PUBLIC COMMUNICATIONS FOUNDATION FOR WKNO-TV/ FM, AND AS A MENTOR FOR THE DIVERSITY MENTORSHIP PROGRAM, ADVANCELAW.COM. THE ASSOCIATE CO UNSEL SERVES ON THE MEMPHIS BAR ASSOCIATION HEALTH LAW SECTION BOARD. THE ASSOCIATE COUNSE L CHAIRS THE COMMUNITY AFFAIRS COMMITTEE OF THAT SECTION AND THE CHIEF LEGAL OFFICER IS AN ACTIVE MEMBER OF THE COMMITTEE, WHICH ANNUALLY SPONSORS A SATURDAY LEGAL CLINIC PROVIDING UNREPRESENTED MEMBERS OF THE COMMUNITY AN OPPORTUNITY TO MEET WITH A VOLUNTEER ATTORNEY A ND DISCUSS LEGAL ISSUES, INCLUDING THOSE THAT HAVE AN IMPACT ON PERSONAL HEALTH.THE MANAGE R OF THE CANCER EDUCATION AND OUTREACH PROGRAM IN THE ST. JUDE COMPREHENSIVE CANCER CENTER DEDICATES 80% OF HER TIME, AND THE COORDINATOR FOR CANCER EDUCATION DEDICATES 100% OF HER TIME TO CANCER EDUCATION OUTREACH, INCLUDING ACTIVITIES SUCH AS K-12 CURRICULUM DEVELOPME NT, SCHOOL VISITS FOR CANCER AND HEALTHY LIVING EDUCATION, CAREER TALKS, TEACHER TRAINING WORKSHOPS AND PUBLIC-ACCESS WEBSITE DEVELOPMENT.</p>

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Form and Line Reference	Explanation
PART III, LINE 2:	BAD DEBT EXPENSE IS EQUAL TO CHARGES ON ACCOUNTS DETERMINED TO BE UNCOLLECTIBLE. SEE NARRATIVE FOR PART 1, LINE 3C REGARDING THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY.

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Form and Line Reference	Explanation
PART III, LINE 4:	<p>BAD DEBT EXPENSE EXPLANATION IN FINANCIAL STATEMENTS FOOTNOTES IS AS FOLLOWS:NET PATIENT SERVICE REVENUES - UPON THE ADOPTION OF ASC 606, NET OPERATING REVENUES ARE RECORDED AT THE TRANSACTION PRICE ESTIMATED BY THE HOSPITAL TO REFLECT THE TOTAL CONSIDERATION DUE FROM THIRD-PARTY PAYORS IN EXCHANGE FOR PROVIDING GOODS AND SERVICES IN PATIENT CARE. THESE SERVICES ARE CONSIDERED TO BE A SINGLE PERFORMANCE OBLIGATION AND HAVE A DURATION OF LESS THAN ONE YEAR. REVENUES ARE RECORDED AS THESE GOODS AND SERVICES ARE PROVIDED. THE TRANSACTION PRICE, WHICH INVOLVES SIGNIFICANT ESTIMATES, IS DETERMINED BASED ON THE HOSPITAL'S STANDARD CHARGES FOR THE GOODS AND SERVICES PROVIDED, WITH A REDUCTION RECORDED FOR PRICE CONCESSIONS RELATED TO THIRD PARTY CONTRACTUAL ARRANGEMENTS AS WELL AS OTHER IMPLICIT PRICE CONCESSIONS. DURING THE YEAR ENDED JUNE 30, 2020, THE IMPACT OF CHANGES TO THE INPUTS USED TO DETERMINE THE TRANSACTION PRICE WAS CONSIDERED IMMATERIAL TO THE CURRENT PERIOD.IN 2019, PATIENT SERVICE REVENUE HAS BEEN REDUCED BY ADJUSTMENTS FOR UNCOLLECTIBLE ACCOUNTS TOTALING APPROXIMATELY \$1,100,000.ST. JUDE CHILDREN'S RESEARCH HOSPITAL DOES NOT CONSIDER BAD DEBT EXPENSE A COMMUNITY BENEFIT.</p>

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Form and Line Reference	Explanation
PART III, LINE 8:	ST. JUDE CHILDREN'S RESEARCH HOSPITAL DOES NOT CONSIDER THE MEDICARE SHORTFALL A COMMUNITY BENEFIT. THE COST TO CHARGE RATIO WAS USED TO DETERMINE MEDICARE ALLOWABLE COSTS OF CARE.

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Form and Line Reference	Explanation
PART III, LINE 9B:	ALL PATIENTS ACCEPTED FOR ST. JUDE TREATMENT RECEIVE CARE WHETHER OR NOT THEY OR THEIR FAMILIES CAN PAY FOR IT. ST. JUDE DOES HAVE A BILLING SYSTEM, BUT PATIENTS DO NOT RECEIVE BILLS. IF THE PATIENT HAS INSURANCE, ST. JUDE BILLS THE INSURANCE PLAN OR OTHER ORGANIZATION THAT PAYS HEALTH COSTS. THIS IS SET FORTH IN OUR FINANCIAL ASSISTANCE STATEMENT (HTTPS://WWW.STJUDE.ORG/LEGAL/FINANCIAL-ASSISTANCE-STATEMENT.HTML) AND FINANCIAL ASSISTANCE POLICY (HTTPS://WWW.STJUDE.ORG/ LEGAL/FINANCIAL-ASSISTANCE-POLICY.HTML).

Form and Line Reference	Explanation
PART VI, LINE 2:	<p>ST. JUDE'S PRIMARY CLINICAL EFFORT CENTERS ON PROVIDING GROUND-BREAKING, RESEARCH-DRIVEN TREATMENTS FOR CHILDHOOD CANCERS AND OTHER CATASTROPHIC DISEASES IN CHILDREN. CANCER/PEDIATRIC CANCERS ARE RARE COMPARED TO ADULT CANCERS. ONLY 11,050 NEW CASES ARE EXPECTED TO OCCUR AMONG CHILDREN 14 YEARS OF AGE AND YOUNGER IN 2020; HOWEVER, CANCER IS THE LEADING CAUSE OF DISEASE-RELATED DEATH IN U.S. CHILDREN (FOOTNOTE 1). THE PRINCIPAL FOCUS OF ST. JUDE CHILDREN'S RESEARCH HOSPITAL IS CANCER. SEVENTY-FIVE PERCENT OF ALL RESOURCES AT ST. JUDE ARE INVESTED IN ELUCIDATING BASIC BIOLOGICAL MECHANISMS OF PEDIATRIC CANCERS AND TRANSLATING THIS KNOWLEDGE INTO IMPROVED DIAGNOSTIC TOOLS AND CURATIVE THERAPIES, WHILE MINIMIZING LONG-TERM SIDE EFFECTS. AS THE FIRST AND ONLY NATIONAL CANCER INSTITUTE-DESIGNATED COMPREHENSIVE CANCER CENTER FOCUSED EXCLUSIVELY ON CHILDREN, ST. JUDE SERVES AS A NATIONAL RESOURCE FOR RESEARCH AND TREATMENT OF PEDIATRIC CANCERS. OUR INITIATIVES ARE DESIGNED TO IMPACT PEDIATRIC CANCER TREATMENT ON A LOCAL, REGIONAL, NATIONAL AND GLOBAL SCALE. OUR CANCER PATIENTS COME FROM ALL OVER THE UNITED STATES AND ABROAD; HOWEVER, 66% OF THE NEW CANCER PATIENTS WE REGISTER RESIDE IN THE ST. JUDE CATCHMENT AREA, WHICH INCLUDES A 180-MILE RADIUS AROUND ST. JUDE LOCATED IN MEMPHIS, TN AND A 100-MILE RADIUS AROUND EACH OF OUR EIGHT AFFILIATES. THESE EIGHT AFFILIATES ARE LOCATED IN HUNTSVILLE, AL, CHARLOTTE, NC, JOHNSON CITY, TN, BATON ROUGE, LA, SHREVEPORT, LA, TULSA, OK, SPRINGFIELD, MO, AND PEORIA, IL. THE CATCHMENT POPULATION IS GENERALLY CHARACTERIZED BY A HIGHER PROPORTION OF NON-HISPANIC BLACK/AFRICAN AMERICAN RACE, LOWER PROPORTION OF HISPANIC ETHNICITY, LOWER HOUSEHOLD INCOMES AND HIGHER VALUES, AND LOWER PROPORTION WITH AN EDUCATION BEYOND HIGH SCHOOL. APPROXIMATELY 4.9% OF THE POPULATION LIVE IN RURAL AREAS (BY RUCA CODE 10). TAKEN TOGETHER, THIS DIVERSE POPULATION INCLUDES MANY WITH LIMITED RESOURCES WHO ARE MEDICALLY UNDERSERVED. THROUGH ST. JUDE'S FOUNDING POLICY - THAT NO PATIENT BE DENIED TREATMENT BASED ON RACE, ETHNICITY, RELIGION, OR A FAMILY'S INABILITY TO PAY - AND WITH THE PROVISION OF RESOURCES TO OFFSET THE COSTS OF TRANSPORTATION AND HOUSING DURING CLINIC VISITS AND TREATMENT, WE REMOVE BARRIERS IN ACCESS TO OUR CUTTING-EDGE CLINICAL RESEARCH TRIALS AND EXCEPTIONAL CLINICAL CARE. ALL PEDIATRIC PATIENTS IN OUR CATCHMENT AREA ARE ACCEPTED TO ST. JUDE FOR TREATMENT OF THEIR CANCER. THE DEMOGRAPHICS OF THE PEDIATRIC CANCER POPULATION TREATED AT ST. JUDE CLOSELY MATCH THOSE OF OUR CATCHMENT AREA (BASED ON 2010 DATA FROM THE US CENSUS BUREAU) AND ALIGN WITH THE ESTIMATED INCIDENCE OF PEDIATRIC CANCER IN REPRESENTED RACIAL AND ETHNIC GROUPS (BASED ON SURVEILLANCE EPIDEMIOLOGY AND END RESULTS [SEER] 2009 DATA), CONFIRMING THAT ST. JUDE IS CLOSELY ALIGNED WITH THE NEEDS OF THE POPULATION IT SERVES. DEMOGRAPHICS FROM THE ST. JUDE PEDIATRIC CANCER COHORT ARE COMPARED WITH THE DEMOGRAPHICS OF THE CATCHMENT AREA ANNUALLY TO MONITOR DEMOGRAPHIC REPRESENTATION OF OUR CANCER PATIENTS IN RELATION TO THE AREA THAT WE SERVE. THERE ARE NO KNOWN DIFFERENCES IN PEDIATRIC CANCER INCIDENCE BY GEOGRAPHIC REGION IN THE U.S. CONSEQUENTLY, IT IS NOT POSSIBLE TO CATER OUR CLINICAL TRIALS TO TARGET PEDIATRIC CANCERS SPECIFICALLY PREVALENT IN OUR CATCHMENT AREA. WHILE NUMEROUS ADULT CANCERS HAVE BEEN SHOWN TO HAVE HIGH VARIATION IN INCIDENCE RATES ACROSS RACES AND ETHNICITIES, THE SITUATION IS LESS CLEAR IN PEDIATRIC CANCER, WHERE FEWER DISCREPANCIES HAVE BEEN IDENTIFIED. ALTHOUGH OUR CATCHMENT AREA HAS A HIGHER PROPORTION OF AFRICAN AMERICAN PATIENTS THAN THE GENERAL U.S. POPULATION, THERE ARE VERY FEW EXAMPLES OF PEDIATRIC CANCERS IN WHICH THE INCIDENCE IS HIGHER IN RACIAL AND/OR ETHNIC MINORITIES (FOOTNOTES 2 AND 3). CONSEQUENTLY OUR RESEARCH AND CLINICAL TRIALS ADDRESS THE MOST PRESSING PROBLEMS IN PEDIATRIC CANCER. ST. JUDE OFFERS THERAPEUTIC TRIALS FOR THE TOP PEDIATRIC CANCERS (FOOTNOTE 1) INCLUDING ACUTE LYMPHOBLASTIC LEUKEMIA, MEDULLOBLASTOMA, NEUROBLASTOMA, HODGKIN LYMPHOMA, RETINOBLASTOMA, RHABDOMYOSARCOMA AND OTHERS. MANY OF THESE TRIALS ARE INSTITUTIONALLY SPONSORED; HOWEVER, ST. JUDE ALSO PARTICIPATES IN SEVERAL CLINICAL TRIALS CONSORTIA PROVIDING OUR CANCER PATIENTS ACCESS TO A VARIETY OF THERAPEUTIC STUDIES. PEDIATRIC CANCER PATIENTS MAY EXPERIENCE TREATMENT-RELATED SIDE EFFECTS MANY YEARS AFTER DIAGNOSIS. THE CHILDHOOD CANCER SURVIVOR STUDY AND ST. JUDE LIFE ARE TWO STUDIES, ACTIVE AT ST. JUDE, ASSESSING LATE EFFECTS OF CANCER THERAPY ON PEDIATRIC CANCER SURVIVORS. INFORMATION FROM THESE STUDIES WILL BE USED TO DEFINE RISK GROUPS FOR VARIOUS LATE EFFECTS AND ASSESS INTERVENTIONS. A KEY AREA THAT ST. JUDE IS PROMOTING IN OUR CATCHMENT AREA AND BEYOND IS PREVENTION OF HPV-RELATED CANCERS. THE AMERICAN CANCER SOCIETY AND OTHER NATIONAL ORGANIZATIONS HAVE PUT FORTH THE GOAL TO ERADICATE HPV-RELATED CANCERS THROUGH HPV VACCINATION AND TIMELY EARLY DETECTION EFFORTS. NEARLY 80 MILLION INDIVIDUALS IN THE U.S. - 1 OUT OF</p>

Form and Line Reference	Explanation
PART VI, LINE 2:	<p>EVERY 4 PEOPLE - ARE INFECTED WITH HUMAN PAPILLOMAVIRUS (HPV). APPROXIMATELY 35,000 CANCERS ARE ATTRIBUTABLE TO HPV OCCUR EACH YEAR (FOOTNOTE 4). U.S. VACCINATION RATES REMAIN SIGNIFICANTLY LOWER FOR HPV THAN FOR OTHER RECOMMENDED ADOLESCENT VACCINES. ACCORDING TO 2019 DATA FROM THE CDC, 90% OF 13-17 YEAR OLDS HAVE BEEN VACCINATED WITH TDAP AND 89% HAVE HAD AT LEAST ONE DOSE OF MENINGOCOCCAL CONJUGATE COMPARED TO ONLY 54% UP-TO-DATE WITH HPV VACCINATION (HAVE RECEIVED ALL DOSES IN THE SERIES). BY SEX, 57% OF GIRLS AND APPROXIMATELY 52% OF BOYS AGED 13-17 ARE UP-TO-DATE ON THE HPV VACCINE SERIES (FOOTNOTE 5). IN 2019, TENNESSEE'S COMBINED HPV VACCINATION COVERAGE (UP-TO-DATE) FOR MALES AND FEMALES AGED 13-17 IS ONLY 43%, WHICH RANKS NEAR THE BOTTOM IN THE NATION. SIMILAR TRENDS IN LOW HPV VACCINATION UPTAKE ARE OBSERVED IN OTHER STATES INCLUDED IN THE ST. JUDE CATCHMENT AREA OF THE MID-SOUTH AND SOUTHEAST RANGING FROM THE HIGHEST UP-TO-DATE RATES OF HPV VACCINATION IN LOUISIANA (60%) TO THE LOWEST IN OKLAHOMA (42%) WITH THE MEAN AND MEDIAN RATE OF 50%. RESIDENTS OF TENNESSEE AND THE MID-SOUTH AND SOUTHEASTERN U.S. HAVE AMONG THE HIGHEST INCIDENCE OF HPV-RELATED CANCERS IN THE COUNTRY (FOOTNOTE 4). AS THE ONLY NCI-DESIGNATED CANCER CENTER DEVOTED SOLELY TO CHILDREN, ST. JUDE IS COMMITTED TO TAKING ON A NEW LEADERSHIP ROLE IN PROTECTING YOUNG PEOPLE FROM PREVENTABLE HPV-ASSOCIATED CANCERS LATER IN LIFE. RECENTLY, ST. JUDE LAUNCHED HPV AWARENESS EFFORTS INCLUDING EDUCATION AT LOCAL SCHOOLS, OUTREACH TO NEWS MEDIA, DEVELOPMENT OF WEB CONTENT, AND PARTNERING WITH OTHER NCI-DESIGNATED CANCER CENTERS TO ENDORSE A GOAL OF ELIMINATING HPV-ASSOCIATED CANCERS IN THE UNITED STATES. OVER THE NEXT 5 YEARS, OUR PLAN IS TO SIGNIFICANTLY EXPAND OUR EFFORTS TO HAVE A GREATER IMPACT IN THE PROMOTION OF HPV VACCINATION IN OUR LOCAL CATCHMENT AREA, IN THE STATE OF TENNESSEE, AND NATIONALLY.(NOTE: THIS NARRATIVE FOR PART VI, LINE 2 IS CONTINUED BELOW.) - SEE PAGE 105/ 140</p>

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Form and Line Reference	Explanation
PART VI, LINE 3:	<p>AS NOTED IN PART I, LINE 3C, NO FAMILY EVER PAYS ST. JUDE FOR TREATMENT. IN ADDITION, ST. JUDE PROVIDES AN UNPARALLELED LEVEL OF SUPPORT SERVICES AT NO COST TO FAMILIES. WE ALSO HAVE PROGRAMS TO ASSIST FAMILIES IN ENROLLING IN VARIOUS PUBLIC ASSISTANCE PROGRAMS FOR WHICH THEY MAY QUALIFY, INCLUDING BUT NOT LIMITED TO TENNCARE/MEDICAID, COVERKIDS, CHIPS AND SOCIAL SECURITY. FAMILIES ALSO HAVE ACCESS TO AN ONLINE EDUCATIONAL RESOURCE TITLED "YOU AND THE AFFORDABLE CARE ACT" (HTTPS://WWW.STJUDE.ORG/TREATMENT/PATIENT-RESOURCES/CAREGIVER-RESOURCES/PATIENT-FAMILY-EDUCATION-SHEETS/LEGAL-FINANCIAL/YOU-AND-THE-AFFORDABLE-CARE-ACT.HTML). THIS ENSURES AN APPROPRIATE SAFETY NET SHOULD THE FAMILY SEEK TREATMENT OUTSIDE OF ST. JUDE AND IT ALLOWS US TO BE GOOD STEWARDS OF DONOR DOLLARS. WE UTILIZE AN OUTSIDE CONTRACTOR TO PROVIDE APPLICATION ASSISTANCE. THE HOSPITAL'S FINANCIAL ASSISTANCE STATEMENT (HTTPS://WWW.STJUDE.ORG/LEGAL/FINANCIAL-ASSISTANCE-STATEMENT.HTML) AND FINANCIAL ASSISTANCE POLICY (HTTPS://WWW.STJUDE.ORG/LEGAL/FINANCIAL-ASSISTANCE-POLICY.HTML) ARE POSTED ON THE HOSPITAL'S WEBSITE AND AVAILABLE AT REGISTRATION. THE DOCUMENTS ARE AVAILABLE IN ENGLISH AND SPANISH. FOR FAMILIES SPEAKING OTHER LANGUAGES, WE UTILIZE ONSITE INTERPRETER SERVICES AND/OR PROFESSIONAL CONTRACTED INTERPRETATION AND TRANSLATION SERVICES.</p>

Form and Line Reference	Explanation
PART VI, LINE 4:	<p>ST. JUDE CHILDREN'S RESEARCH HOSPITAL IN MEMPHIS, TN, IS A SPECIALTY HOSPITAL THAT TREATS PEDIATRIC CATASTROPHIC DISEASES WITH A FOCUS ON CANCER AND BLOOD DISORDERS. PATIENTS AT ST. JUDE ARE REFERRED BY A PHYSICIAN, DIAGNOSED WITH A DISEASE CURRENTLY UNDER STUDY, AND ELIGIBLE FOR A RESEARCH PROTOCOL. ST. JUDE IS THE ONLY PEDIATRIC RESEARCH CENTER FOR CHILDREN WITH CATASTROPHIC DISEASES, INCLUDING CANCER AND BLOOD DISORDERS, WHERE FAMILIES NEVER PAY FOR TREATMENT NOT COVERED BY INSURANCE. IN FACT, NO FAMILY EVER PAYS ST. JUDE FOR ANYTHING. TRANSPORTATION, HOUSING AND FOOD ARE AMONG THE NO-COST SERVICES PROVIDED TO ENSURE FAMILIES COMING TO ST. JUDE CAN FOCUS ON THEIR CHILD. NO CHILD IS EVER DENIED TREATMENT DUE TO RACE, SEX, NATIONALITY, ETHNICITY, RELIGION, OR THE FAMILY'S ABILITY TO PAY. THE COMMUNITY SERVED BY ST. JUDE CAN BEST BE DEFINED BY UNDERSTANDING ST. JUDE'S PATIENT POPULATION AND SCOPE OF CLINICAL SERVICES. ST. JUDE SERVES AS A NATIONAL REFERRAL CENTER FOR CHILDREN WITH CATASTROPHIC DISEASES, SUCH AS CANCER AS WELL AS A LOCAL REFERRAL CENTER FOR CHILDREN WITH CANCER, BLOOD DISORDERS, AND HIV/AIDS. IT DOES NOT ADMIT CHILDREN FOR ANY DIAGNOSTIC GROUPS OUTSIDE OF THESE SERVICES AND DOES NOT OFFER MEDICAL SERVICES BEYOND THOSE NECESSARY TO CARE FOR CHILDREN WITH THESE DISEASES. ST. JUDE DOES NOT HAVE AN EMERGENCY ROOM (ER). A REFERRAL FROM A MEDICAL PROFESSIONAL EXTERNAL TO ST. JUDE, TYPICALLY THE CHILD'S PEDIATRICIAN OR A PEDIATRIC SUBSPECIALIST, IS NECESSARY PRIOR TO ACCEPTING A PATIENT FOR TREATMENT TO ST. JUDE. ST. JUDE'S PRIMARY CLINICAL EFFORT CENTERS ON PROVIDING GROUND-BREAKING, RESEARCH-DRIVEN TREATMENTS. SPECIFICALLY, MORE THAN 8,600 PATIENTS ARE SEEN AT ST. JUDE YEARLY, MOST OF WHO ARE ENROLLED ON CLINICAL TRIALS FOR NEW TREATMENTS DEVELOPED BY ST. JUDE, AND WHO ARE TREATED ON A CONTINUOUS OUTPATIENT BASIS. THE HOSPITAL HAS 73 OPERATIONAL BEDS FOR PATIENTS REQUIRING HOSPITALIZATION DURING TREATMENT. IT SHOULD BE NOTED THAT ST. JUDE HAS DEVELOPED UNIQUE RESOURCES THAT ALLOW A SIGNIFICANT PORTION OF PATIENTS TO BE TREATED AS OUTPATIENTS WHO WOULD BE ADMITTED INTO INPATIENT UNITS AT MOST HOSPITALS. THIS IS ACCOMPLISHED THROUGH PATIENT HOUSING DEDICATED SOLELY TO ST. JUDE PATIENT FAMILIES DESIGNED WITH INFECTION CONTROL MEASURES SUCH AS HEPA FILTRATION, INFECTION-RESISTANT SURFACES AND OTHER MEDICAL SAFEGUARDS THAT ARE NOT AVAILABLE IN HOTELS OR PATIENTS' HOMES. ST. JUDE HAS A NETWORK OF EIGHT AFFILIATED PEDIATRIC HEMATOLOGY/ONCOLOGY CLINICS IN THE U.S., ALLOWING ST. JUDE TO EXTEND CARE AND BENEFITS TO MORE CHILDREN AND INCREASE THE NUMBER OF CHILDREN ABLE TO BE TREATED ON ST. JUDE CLINICAL TRIALS. ST. JUDE ALSO OPERATES THE ST. JUDE GLOBAL INITIATIVE THROUGH GLOBAL PEDIATRIC MEDICINE (GPM), AIMED AT IMPROVING SURVIVAL RATES OF CHILDREN WITH CANCER AND OTHER CATASTROPHIC DISEASES WORLDWIDE. ST. JUDE ACCOMPLISHES THIS BY SHARING KNOWLEDGE, TECHNOLOGY AND ORGANIZATIONAL SKILLS, IMPLEMENTING NEW APPROACHES TO TREAT PEDIATRIC CANCER GLOBALLY, AND GENERATING INTERNATIONAL NETWORKS COMMITTED TO ERADICATING CANCER IN CHILDREN. IT IS ESTIMATED THAT MORE THAN 400,000 CHILDREN WORLDWIDE DEVELOP CANCER EACH YEAR - NEARLY HALF OF WHOM ARE NEVER DIAGNOSED. APPROXIMATELY 90% OF THESE CHILDREN WITH CANCER LIVE IN LOW- AND MIDDLE-INCOME COUNTRIES. CANCER IS EMERGING AS A MAJOR CAUSE OF CHILDHOOD DEATH IN ALL DEVELOPING COUNTRIES, REPLACING OTHER CAUSES OF CHILDHOOD MORTALITY (E.G. HIV, MALNUTRITION, INFECTIONS). DESPITE VAST IMPROVEMENTS IN THERAPY AND SURVIVAL IN HIGH-INCOME COUNTRIES OVER THE PAST 30 YEARS, AN ESTIMATED 60% DO NOT HAVE ACCESS TO ADEQUATE DIAGNOSIS AND MODERN CARE. ST. JUDE STRIVES TO ADDRESS THE NEEDS OF THOSE CHILDREN IN COUNTRIES THAT LACK SUFFICIENT RESOURCES AND HELP THEM MANAGE THEIR OWN BURDEN OF CASES EFFECTIVELY. WHILE SICK CHILDREN FROM AROUND THE WORLD HAVE TRAVELED TO OUR HOSPITAL IN MEMPHIS, RECEIVING TREATMENT IN THEIR OWN COUNTRIES IS MORE EFFICIENT AND LESS DISRUPTIVE FOR THEM AND THEIR FAMILIES. AS A RESULT OF OUR INTERNATIONAL EFFORTS, WE ARE ABLE TO REACH FAR MORE CHILDREN THAN WOULD EVER BE ABLE TO COME TO MEMPHIS. A BASIC HEALTHCARE INFRASTRUCTURE IS NEEDED TO SUPPORT PEDIATRIC ONCOLOGY PROGRAMS, WHICH IN TURN FURTHER IMPROVES THE DEVELOPMENT OF BASIC HEALTHCARE. AT THE LOCAL LEVEL, ST. JUDE GLOBAL DEVELOPS PARTNERSHIPS WITH MEDICAL INSTITUTIONS AND FUND-RAISING ORGANIZATIONS AND FACILITATES THE INVOLVEMENT OF GOVERNMENT AND OTHER ORGANIZATIONS TO SUPPORT KEY PROGRAMS AND THE EDUCATION OF LOCAL PERSONNEL. AT THE REGIONAL LEVEL, ST. JUDE GLOBAL DEVELOPS PROGRAMS THROUGH THE USE OF TECHNOLOGY AND FOSTERS REGIONAL AND INTERNATIONAL COLLABORATIONS WITH OTHER PEDIATRIC MEDICAL INSTITUTIONS THROUGH THE ST. JUDE GLOBAL ALLIANCE. THE PRIMARY GOAL IS TO DEVELOP LOCAL AND REGIONAL SELF-SUFFICIENCY. THIS MODEL RESULTS IN SIGNIFICANT OVERALL IMPROVEMENT IN HEALTHCARE FACILITIES, THE LEVEL OF PRACTICE, THE CONFIDENCE OF HEALTHCARE PROVIDERS, AND LOCAL COMMUNITY INVOLVEMENT. ST. JUDE EMPHA</p>

Form and Line Reference	Explanation
PART VI, LINE 4:	<p>SIZES THE BUILDING OF REGIONAL EXPERTISE AND DIAGNOSTIC CAPABILITIES, WHICH PROVIDE A CRITICAL MASS OF PROFESSIONALS WHO CONTINUALLY LEARN FROM AND ASSIST EACH OTHER. COST EFFICIENCY IS ALSO REALIZED BECAUSE OF SHARED RESOURCES. THE ST. JUDE GLOBAL ALLIANCE IS A GLOBAL NETWORK ESTABLISHED TO PURSUE THE SHARED VISION OF IMPROVING THE QUALITY OF HEALTH CARE DELIVERY AND INCREASING SURVIVAL RATES OF CHILDREN WITH CANCER AND BLOOD DISORDERS WORLDWIDE. CURRENTLY, THE ALLIANCE HAS RECEIVED APPLICATIONS FROM 136 MEDICAL INSTITUTIONS IN 55 COUNTRIES AND ESTABLISHED PARTNERSHIPS WITH 75 OF THE MEDICAL INSTITUTIONS IN 45 COUNTRIES. MEMBERS OF THE ALLIANCE ARE A PART OF A GLOBAL COMMUNITY DEDICATED TO TRANSFORMING GLOBAL CHILD HEALTH. THEY WILL HAVE THE OPPORTUNITY TO DEVELOP GLOBAL PROJECTS AND STUDIES, CONNECT WITH COMMITTEES AND WORKING GROUPS AT THE REGIONAL AND GLOBAL LEVEL, AND ENGAGE WITH ST. JUDE FACULTY AND STAFF FOR TRAINING AND DEVELOPMENT. ALLIANCE MEMBER INSTITUTIONS IN THE FOLLOWING COUNTRIES RECEIVE ADDITIONAL SUPPORT FROM ST. JUDE FOR PROJECT IMPLEMENTATION - BRAZIL, CHILE, CHINA, COSTA RICA, DOMINICAN REPUBLIC, ECUADOR, EL SALVADOR, GUATEMALA, HAITI, HONDURAS, JORDAN, LEBANON, MEXICO, MOZAMBIQUE, NICARAGUA, PHILIPPINES, URUGUAY, VENEZUELA, AND ZAMBIA. ST. JUDE WORKS WITH ITS PARTNERS TO DEVELOP EVIDENCE-BASED TREATMENT PROTOCOLS TAILORED TO REGIONAL NEEDS AND RESOURCES. ADDITIONALLY, ST. JUDE PHYSICIANS AND NURSES SERVE AS MENTORS TO CLINICAL PERSONNEL AT PARTNER SITES, PROVIDE LOCAL AND ONLINE TRAINING FOR ONCOLOGY CARE, DIAGNOSIS, AND SUPPORTIVE CARE, AND PARTICIPATE IN ONLINE MEETINGS TO DISCUSS CLINICAL CARE BEST PRACTICES. THE MAJORITY OF ONLINE MEETINGS AND TRAINING ARE PROVIDED VIA ST. JUDE'S WEB-BASED PLATFORM, ST. JUDE CURE4KIDSTM (C4K), A FREE RESOURCE FOR PEDIATRIC ONCOLOGY PROFESSIONALS, SCIENTISTS AND RESEARCHERS, REGARDLESS OF THEIR AFFILIATION WITH ST. JUDE OR ITS PARTNERS. IN ADDITION TO CONTENT THAT INCLUDES MORE THAN 1,678 ONLINE SEMINARS, 19 SELF-PACED COURSES, AND 52 INSTRUCTOR-LED COURSES, C4K PROVIDES ONLINE MEETING AND CONFERENCE SPACE. IN FY20, C4K HAD 28,824 CONTENT VIEWS WITH 5,118 UNIQUE REGISTERED USERS, AND HOSTED 1,644 MEETINGS WITH 1,662 UNIQUE PARTICIPANTS FROM 156 DIFFERENT COUNTRIES; THERE ARE 65 NCI CENTERS THAT PARTICIPATE IN C4K. FINALLY, ST. JUDE PARTNERS WITH LOCAL FUNDRAISING ORGANIZATIONS THAT SUPPORT THE MEDICAL PROGRAMS. THIS MODEL HAS PROVEN TO BE HIGHLY EFFECTIVE IN PROVIDING POOR CHILDREN IN DEVELOPING COUNTRIES ACCESS TO MODERN TREATMENT AND CARE. ST. JUDE IS ALSO A RESEARCH ORGANIZATION, WITH RESEARCH COVERING A BROADER SCOPE OF HEALTH ISSUES THAN THE DISEASES TREATED AS A PRIMARY DIAGNOSIS. THE HOSPITAL'S OUTREACH INCLUDES THE LOCAL MARKET, AFFILIATE INSTITUTIONS, OTHER AREAS OF THE UNITED STATES/U.S. TERRITORIES, AND THE INTERNATIONAL COMMUNITY. THE LOCAL MARKET ENCOMPASSES MEMPHIS, TENNESSEE AND THE SURROUNDING GEOGRAPHIC AREA WITH APPROXIMATELY 22% OF NEW ONCOLOGY PATIENTS RESIDING WITHIN THIS AREA. FY20 NEW CANCER PATIENTS PATIENT ORIGIN % OF TOTAL MEMPHIS, TN AND SURROUNDING AREA 22% AFFILIATE REFERRAL 42% NATIONAL REFERRAL (OTHER AREAS OF U.S.) 28% INTERNATIONAL REFERRAL 8% GRAND TOTAL 100% (NOTE: THIS NARRATIVE FOR PART VI, LINE 4 IS CONTINUED BELOW.) - SEE PAGE 113/140</p>

Form and Line Reference	Explanation
PART VI, LINE 5:	<p>ST. JUDE CHILDREN'S RESEARCH HOSPITAL WAS OPENED IN 1962. OUR MISSION IS TO ADVANCE CURES, AND MEANS OF PREVENTION, FOR PEDIATRIC CATASTROPHIC DISEASES THROUGH RESEARCH AND TREATMENT. CONSISTENT WITH THE VISION OF OUR FOUNDER, DANNY THOMAS, NO CHILD IS DENIED TREATMENT BASED ON RACE, RELIGION OR A FAMILY'S INABILITY TO PAY. OUR VISION IS TO BE THE WORLD LEADER IN ADVANCING THE TREATMENT AND PREVENTION OF CATASTROPHIC DISEASES IN CHILDREN. THIS VISION IS PURSUED BY PROVIDING OUTSTANDING PATIENT CARE; BY CONDUCTING BASIC, TRANSLATIONAL AND CLINICAL RESEARCH DESIGNED TO ELUCIDATE BIOLOGICAL MECHANISMS, UNDERSTAND DISEASE PATHOGENESIS, IMPROVE DIAGNOSIS, ENHANCE TREATMENT OUTCOME, PREVENT DISEASES AND MINIMIZE ADVERSE CONSEQUENCES OF TREATMENT; AND BY EDUCATING HEALTH CARE AND SCIENTIFIC RESEARCH PROFESSIONALS. THROUGH THESE EFFORTS, WE SEEK TO CURE AND ENHANCE THE QUALITY OF LIFE FOR AN INCREASING NUMBER OF CHILDREN WHO COME TO US FOR TREATMENT BY EXPANDING AND SHARING KNOWLEDGE TO ADVANCE TREATMENT OF CHILDREN WITH CATASTROPHIC DISEASES WORLDWIDE, WHILE DEVELOPING STRATEGIES TO PREVENT CATASTROPHIC DISEASES IN CHILDREN. ST. JUDE COMBINES LABORATORY AND CLINICAL RESEARCH TO ADVANCE THE CARE OF CHILDREN WITH CANCER AND OTHER CATASTROPHIC DISEASES. THE FOCUS IS ON PROVIDING OUTSTANDING PATIENT CARE RESULTS AND ON RESEARCH FINDINGS THAT TRANSLATE INTO IMPROVED PATIENT OUTCOMES. ST. JUDE HAS AN ACADEMIC FACULTY ENGAGED IN A BROAD SPECTRUM OF RESEARCH, INCLUDING THERAPEUTIC TRIALS, INVESTIGATION OF DISEASE PATHOGENESIS AND DISCOVERY-ORIENTED BASIC RESEARCH. HOSPITAL OPERATIONS ARE OVERSEEN BY A BOARD OF GOVERNORS, MOST OF WHICH ARE NEITHER EMPLOYEES, INDEPENDENT CONTRACTORS, OR THEIR FAMILY MEMBERS. RESEARCH ACTIVITIES ARE REVIEWED ANNUALLY BY A SCIENTIFIC ADVISORY BOARD COMPOSED OF INTERNATIONALLY PROMINENT PHYSICIANS AND SCIENTISTS. ST. JUDE CONTRIBUTED TO THE BUILDING OF A STATE-OF-THE-ART NEUROSURGICAL FACILITY FOR TREATING LOCAL PEDIATRIC PATIENTS AND ST. JUDE BRAIN TUMOR PATIENTS. THE FACILITY IS EQUIPPED WITH INTRA-OPERATIVE IMAGING EQUIPMENT (IMRI). WHEN PURCHASED, ONLY TWO NEUROSURGICAL FACILITIES IN THE UNITED STATES PROVIDED PATIENTS WITH THIS LEVEL OF TREATMENT, WHICH ALLOWS IMAGING TO TAKE PLACE DURING SURGICAL PROCEDURES. IMRI EQUIPMENT ALLOWS SURGEONS TO MAKE INFORMED DECISIONS DURING THE SURGERY. LIVE WEB CASTS ALLOW OTHERS TO VIEW PROCEDURES. OUR ASSISTANCE WITH THIS FACILITY HELPS ASSURE THAT CHILDREN IN THE AREA HAVE ACCESS TO THE BEST NEUROSURGICAL TREATMENT AVAILABLE. ST. JUDE COMPLETED THE FIRST PHASE OF THE PEDIATRIC CANCER GENOME PROJECT (PCGP) IN JANUARY 2013 - A COLLABORATION WITH WASHINGTON UNIVERSITY TO FIND CLUES TO THE CAUSES OF CHILDHOOD CANCER AND POTENTIAL NEW TREATMENTS AND CURES. THE PROJECT HAS RESULTED IN GROUNDBREAKING DISCOVERIES IN A NUMBER OF CHILDHOOD CANCERS INCLUDING RETINOBLASTOMA, MEDULLOBLASTOMA, NEUROBLASTOMA, DIFFUSE INTRINSIC PONTINE GLIOMA, TWO AGGRESSIVE FORMS OF LEUKEMIA AND LOW-GRADE GLIOMAS. IN DECEMBER 2012, THE PCGP WAS RECOGNIZED AS ONE OF TIME MAGAZINE'S TOP 10 MEDICAL BREAKTHROUGHS AND, IN 2013, AS ONE OF TIME MAGAZINE'S TOP 100 NEW SCIENTIFIC DISCOVERIES. THE SECOND PHASE OF PCGP EXAMINED THE CANCER SAMPLES FROM 300 CHILDREN AND FOCUSED ON DEFINING MUTATIONS THAT CONTRIBUTE TO TUMOR FORMATION, CHARACTERIZING THE STATE OF THE CANCER CELL'S EPIGENOME AND DESCRIBING HOW IT DIFFERED FROM WHAT IS SEEN IN THE NORMAL CELLS. THE SECOND PHASE ALSO INCLUDED A CLINICAL GENOMICS PROJECT CALLED GENOMES FOR KIDS THAT INVOLVED NEXT-GENERATION SEQUENCING FOR CHILDREN WITH CANCER. WHEN PHASE 2 IS COMPLETE, ST. JUDE HOPES TO HAVE A MODEL FOR HOW TO EXTEND GENOME SEQUENCING TO EVERY CHILDHOOD CANCER PATIENT IN THE UNITED STATES. FROM ITS BEGINNINGS IN 2010, THE PCGP IS THE LARGEST, BROADEST, PRIVATELY FUNDED SEQUENCING PROJECT FOR CHILDREN WITH CANCER AND HAS SEQUENCED MORE THAN 800 MATCHED PAIRS OF TUMOR AND HEALTHY GENOMES FROM YOUNG PATIENTS. THE PCGP HAS PROVIDED NEW DETAILS ABOUT THE MUTATIONS THAT UNDERLIE THE DEVELOPMENT AND GROWTH OF A RANGE OF CHILDHOOD CANCERS AND HAS LAID THE FOUNDATION FOR IMPROVED DIAGNOSTIC TESTING AND THE NEXT GENERATION OF MORE EFFECTIVE, LESS-TOXIC THERAPIES. THE PROJECT HAS LED TO NEW DIRECTIONS IN RESEARCH INVOLVING HIGH-RISK LEUKEMIA, BRAIN AND SOLID TUMORS AS WELL AS NEW COMPUTATIONAL METHODS THAT HAVE BEEN SHARED FOR FREE WITH THE GLOBAL SCIENTIFIC COMMUNITY. THE CYCLOTRON (PARTICLE ACCELERATOR) AT ST. JUDE ENABLES RESEARCHERS TO TRACK THE GROWTH OF CANCER CELLS, PINPOINT THE PRODUCTION OF NEW DNA BY TUMOR CELLS AND STUDY THE HEARTS OF ADULT CHILDHOOD CANCER SURVIVORS RETURNING TO ST. JUDE FOR LIFETIME FOLLOW-UP. THE CYCLOTRON HELPS RESEARCHERS BETTER UNDERSTAND CHILDHOOD CANCER BY ENABLING THEM TO PRODUCE NEW, VERY SHORT-ACTING TRACERS. ST. JUDE USES THE SERVICES OF CHILDREN'S GMP, LLC (OF WHICH ST. JUDE IS THE SOLE MEMBER). CHILDREN'S GMP, LLC, MANAGES AND OPERATES A GOOD MANUFACTURING PRACTICE (GMP) FACILITY THAT ENGAGES IN THE PRODUCTION</p>

Form and Line Reference	Explanation
PART VI, LINE 5:	<p>OF BIOLOGICS AND DRUGS FOR RESEARCH. THE GMP OFFERS RESOURCES TO STUDY RARE DISEASES OVER LOOKED BY PHARMACEUTICAL COMPANIES BECAUSE THERE IS LITTLE PROFIT IN MANUFACTURING DRUGS FOR LESSER-KNOWN DISEASES. THE FACILITY, OPERATING ACCORDING TO APPROVED FDA STANDARDS, ALL OWS DOCTORS TO TAILOR TREATMENTS SPECIFICALLY FOR AN INDIVIDUAL CHILD.THE CELL AND TISSUE IMAGING CENTER INCLUDES ELECTRON MICROSCOPY AND LIGHT MICROSCOPY. THE FACILITY PROVIDES IN VESTIGATORS ACCESS TO TRANSMISSION ELECTRON MICROSCOPY, CONFOCAL LASER SCANNING MICROSCOPY , MULTIPHOTON MICROSCOPY, IMAGE ANALYSIS, CELL MICROINJECTION AND LIVE CELL IMAGING. THE F E I TECNAI 20 200KV FEG ELECTRON MICROSCOPE, WHICH CAN MAGNIFY AN OBJECT 700,000 TIMES, IS AT THE HEART OF THIS PROGRAM. THIS TECHNOLOGY ALLOWS RESEARCHERS TO GET A CLOSER LOOK AT C ANCER TO BETTER UNDERSTAND HOW IT GROWS AND SPREADS AND RESPONDS TO THERAPY. USING THE ELE CTRON MICROSCOPE, RESEARCHERS LEARN HOW CANCER CELLS BREAK AWAY FROM THE TUMOR AND SPREAD THROUGHOUT THE BODY.ST. JUDE IS HOME TO THE ONLY PROTON BEAM RADIATION THERAPY CENTER DEVO TED SOLELY TO TREATING CHILDREN WITH BRAIN TUMORS AND SEVERAL OTHER CHILDHOOD CANCERS. PRO TON THERAPY IS LESS DAMAGING TO SURROUNDING HEALTHY TISSUE THAN OTHER CURRENT RADIATION TH ERAPIES. THIS EQUIPMENT ENABLES ST. JUDE TO PROVIDE THIS THERAPY IN A MORE INTEGRATED MANN ER TO OUTPATIENTS AND ALLOW OUR RADIATION ONCOLOGISTS TO LEAD THE DEVELOPMENT OF NEW TREAT MENTS WITH PROTONS.TO FURTHER PALLIATIVE SERVICES IN THE COMMUNITY, ST. JUDE PARTICIPATED WITH LE BONHEUR CHILDREN'S HOSPITAL IN DEVELOPING THE QUALITY OF LIFE FOR ALL KIDS PALLIAT IVE PROGRAM FOR SERIOUSLY ILL CHILDREN. HOSPICE STAFF, BOTH IN THE HOME AND IN THE HOSPICE RESIDENCE, PROVIDES INTERDISCIPLINARY CARE TO CHILDREN THROUGHOUT THE ILLNESS TRAJECTORY AND CONCURRENT THERAPIES.ST. JUDE ADMINISTRATIVE LEADERS AND FACULTY MEMBERS OF THE DEPART MENT OF PHARMACEUTICAL SCIENCES HAVE BEEN AT THE FOREFRONT OF BRINGING NATIONAL ATTENTION TO THE PEDIATRIC CANCER DRUG SHORTAGE TOPIC, ACTIVELY ENGAGING REGULATORY AND LEGISLATIVE BODIES TO UNDERSTAND THE IMPACT THESE DRUG SHORTAGES HAVE ON PEDIATRIC CARE AND RESEARCH. PRESENTATIONS OR WRITTEN TESTIMONY HAVE BEEN PROVIDED TO THE FDA CENTER FOR DRUG EVALUATIO N AND RESEARCH WORKSHOP, TWO SENATE HEARINGS, AND HEALTH SUBCOMMITTEE OF THE HOUSE COMMITTEE ON ENERGY AND COMMERCE.ST. JUDE FOCUSES ON EDUCATING AND TRAINING THE NEXT GENERATION OF DOCTORS, NURSES, RESEARCHERS AND ACADEMIC LEADERS. FROM PROGRAMS FOR HIGH SCHOOL STUDENT S TO THE POSTDOCTORAL LEVEL, THE HOSPITAL PLAYS A MAJOR ROLE IN PREPARING FUTURE LEADERS OF SCIENCE AND MEDICINE. IN ADDITION TO ONSITE EDUCATION, THE ST. JUDE GLOBAL PROVIDES AN E DUCATION AND COLLABORATION WEB SITE, CURE4KIDS(TM) (WWW.CURE4KIDS.ORG).VIA THE CONNECT2PRO TECT PROGRAM, ST. JUDE COLLABORATES WITH CHURCHES, OTHER HEALTH CARE ORGANIZATIONS AND CIV IC GROUPS TO RAISE AWARENESS ABOUT PREVENTING THE SPREAD OF HIV/AIDS. THE PRIMARY TARGET I S THE AFRICAN-AMERICAN COMMUNITY, ALTHOUGH OTHER ETHNIC GROUPS ARE ALSO SERVED INCLUDING A SIAN, CAUCASIAN AND HISPANIC.THE FUNDRAISING SOURCE FOR ST. JUDE IS ALSAC (AMERICAN LEBANE SE SYRIAN ASSOCIATED CHARITIES, INC.), WHICH RAISES FUNDS SOLELY FOR THE HOSPITAL. BECAUSE OF THE HOSPITAL'S MISSION, PEOPLE NATIONWIDE CONTRIBUTE VIA TENS OF THOUSANDS OF FUNDRAIS ING EFFORTS. ALSAC CONTRIBUTED \$975 MILLION IN FY20 TO SUPPORT ST. JUDE.VOLUNTEERS ENHANCE THE QUALITY OF PATIENT CARE BY PARTNERING WITH CLINICAL STAFF TO PROVIDE AN ADDITIONAL PE RSONAL TOUCH. VOLUNTEERS ALSO HELP ENSURE A SAFE ENVIRONMENT. THEY LEND ASSISTANCE AND PRO VIDE COMPASSIONATE CONCERN BY OFFERING A LISTENING EAR TO FAMILIES AT A TIME WHEN THEY NEE D IT MOST. THEY ARE VITAL AMBASSADORS FOR THE HOSPITAL AND COMMUNITY.(NOTE: THIS NARRATIVE FOR PART VI, LINE 5 IS CONTINUED BELOW.) - SEE PAGE 115/140</p>

Form and Line Reference	Explanation
PART VI, LINE 2 (CONTINUATION FROM PAGE 94/140)	<p>HEMATOLOGYTHE GEOGRAPHIC CATCHMENT AREA FOR ST. JUDE ENCOMPASSES 21 COUNTIES IN WESTERN TENNESSEE INCLUDING MEMPHIS, AND AREAS IN EAST ARKANSAS, NORTH MISSISSIPPI, AND A FEW COUNTIES IN MISSOURI.MORE THAN 100,000 PEOPLE IN THE UNITED STATES HAVE SICKLE CELL DISEASE (SCD), AND IT IS ESTIMATED THAT MORE THAN 1 MILLION PEOPLE WORLDWIDE SUFFER FROM THE DISEASE. IT IS THE MOST FREQUENT GENETIC BLOOD DISORDER IN THE WORLD. ST. JUDE HAS ONE OF THE LARGE ST PEDIATRIC SCD PROGRAMS IN THE COUNTRY AND PROVIDES COMPREHENSIVE TREATMENT AND EDUCATION TO ABOUT 900 CHILDREN WITH SCD IN THE GEOGRAPHIC CATCHMENT AREA. SCD IS DIAGNOSED BY STATE-WIDE NEWBORN SCREENING IN ALL 50 STATES. ST. JUDE HAS A PARTNERSHIP WITH NEWBORN SCREENING PROGRAMS IN TN AND MS THAT ENSURES A STABLE RELATIONSHIP AMONG PARENTS, PATIENTS, PRIMARY CARE PROVIDERS. ABOUT 50 NEWBORNS WITH SCD ARE IDENTIFIED EACH YEAR IN OUR GEOGRAPHIC CATCHMENT AREA. OUR SCD INFANT TODDLER PROGRAM CONTACTS AND ACCEPTS ALL CHILDREN DIAGNOSED WITH THE DISEASE IN OUR CATCHMENT AREA TO ITS COMPREHENSIVE CARE SERVICE. ADDITIONALLY, ST. JUDE PROVIDES TRAIT COUNSELING SERVICE TO INFANTS BORN WITH SICKLE CELL TRAIT TO 21 COUNTIES IN WESTERN TN. ST. JUDE PROVIDES CONFIRMATORY TESTING, EDUCATION AND COMPREHENSIVE CARE AND FOLLOW-UP THROUGHOUT CHILDHOOD FOR CHILDREN WITH SCD. FROM BIRTH TO AGE 18 YEARS, PATIENTS ARE CLINICALLY EVALUATED AT LEAST EVERY 6 MONTHS, RECEIVE EDUCATION AND MULTIDISCIPLINARY SERVICES ACCORDING TO STANDARDIZED TREATMENT AND EDUCATION GUIDELINES. SERVICES ALSO INCLUDE COMMUNITY OUTREACH AND EDUCATION OF THE LOCAL COMMUNITY. ST. JUDE HAS ESTABLISHED A FORMAL TRANSITION PROGRAM TO ADULT CARE FOR PATIENTS WITH SCD AND PROVIDES SUPPORT TO PATIENTS AND FAMILIES THROUGHOUT THE TRANSITION PROCESS BY WORKING CLOSELY WITH THE ADULT SCD PROGRAMS AT METHODIST UNIVERSITY HOSPITAL AND REGIONAL ONE HOSPITAL. IN THE PAST, THE SCD PROGRAM AT ST. JUDE HAS COLLABORATED WITH SEVERAL FEDERALLY QUALIFIED HEALTH CARE CENTERS, WITH COMMUNITY PRIMARY CARE PHYSICIANS, LATINO MEMPHIS (THE LARGEST HISPANIC SOCIAL AGENCY IN TENNESSEE), WITH THE SICKLE CELL FOUNDATION OF TENNESSEE (A COMMUNITY-BASED SCD ORGANIZATION), AND WITH REGIONAL SCD PROVIDERS TO ENSURE A MEDICAL HOME AND ADEQUATE SOCIAL SUPPORT FOR ALL SCD PATIENTS IN THE AREA. ST. JUDE ASSESSES PATIENT NEEDS THROUGH PARENT AND PATIENT SURVEYS, INTERACTIVE EDUCATION, MATERIALS REVIEW, AND GROUP DISCUSSIONS WITH PARENTS AND PATIENTS. ST. JUDE HAS AN ANNUAL SICKLE CELL EDUCATION DAY FOR PATIENTS WITH SICKLE CELL DISEASE AND THEIR FAMILIES/CAREGIVERS. MORE THAN 250 ATTEND THIS EVENT EVERY YEAR. ADDITIONALLY, ST. JUDE COLLABORATES WITH NATIONAL ORGANIZATIONS TO PROVIDE EDUCATION TO HEALTHCARE PROVIDERS AND PEOPLE WITH SICKLE CELL DISEASE TO INCREASE SICKLE CELL AWARENESS. ST. JUDE PROVIDES FREE EDUCATIONAL BOOKLETS AND BROCHURES (HARD COPY REQUEST OR DOWNLOAD) ON THE HEMATOLOGY WEBSITE AS WELL AS INTERACTIVE EDUCATIONAL VIDEOS. PEOPLE FROM THROUGHOUT THE US AND OTHER COUNTRIES UTILIZE THE EDUCATIONAL WEBSITE. ST. JUDE PARTICIPATES IN NUMEROUS HEALTH FAIRS, SCHOOL PROGRAMS, AND OTHER COMMUNITY EVENTS TO INCREASE KNOWLEDGE AND AWARENESS OF HEMATOLOGICAL DISORDERS AND THEIR IMPACT ON THE PATIENTS AND THE COMMUNITY.ST. JUDE ALSO PROVIDES CLINICAL SERVICES FOR APPROXIMATELY 800 CHILDREN PER YEAR WITH OTHER NON-MALIGNANT HEMATOLOGICAL DISORDERS THROUGH A STRONG RELATIONSHIP WITH LOCAL COMMUNITY PHYSICIANS. CHILDREN FROM THE GEOGRAPHIC CATCHMENT AREA OF ST. JUDE (AS OUTLINED ABOVE) WITH ILLNESSES SUCH AS HEMOPHILIA, APLASTIC ANEMIA, THROMBOSIS, THALASSEMIA, SPHEROCYTOSIS, AND IMMUNE THROMBOCYTOPENIC PURPURA AND OTHER NON-MALIGNANT HEMATOLOGIC DISORDERS ARE REFERRED TO AND RECEIVE STATE-OF-THE-ART CARE FROM ST. JUDE PHYSICIANS AND MEDICAL STAFF. ST. JUDE IS ONE OF A SELECT GROUP OF FEDERALLY RECOGNIZED PEDIATRIC HEMOPHILIA TREATMENT CENTERS AND PROVIDES STATE-OF-THE-ART COMPREHENSIVE CARE TO APPROXIMATELY 300 CHILDREN WITH BLEEDING AND THROMBOSIS DISORDERS.IN ADDITION TO PROVIDING AND CONTINUOUSLY IMPROVING STANDARDIZED CARE TO THESE PATIENT POPULATIONS, ST. JUDE HEMATOLOGY DEDICATES A SIGNIFICANT AMOUNT OF RESOURCES TO CLINICAL, TRANSLATIONAL, AND BASIC RESEARCH TO IMPROVE SURVIVAL AND DECREASE MORBIDITY OF CHILDREN WITH NON-MALIGNANT CHRONIC BLOOD DISEASES. MOST PATIENTS PARTICIPATE IN RESEARCH STUDIES, WHICH HAVE RESULTED IN MAJOR IMPROVEMENTS IN CLINICAL CARE . FOR EXAMPLE, RECENT RESULTS FROM THE BABY HUG TRIAL SHOWED THAT DAILY ORAL HYDROXYUREA IS SAFE AND EFFECTIVE FOR INFANTS AND YOUNG CHILDREN WITH SCD, WHICH LED TO THE RECOMMENDATION OF ITS GENERAL USE IN THIS SUBPOPULATION. ALSO, IN A FIRST-IN-MAN TRIAL, ST. JUDE HEMATOLOGY SHOWED THE SAFETY AND EFFICACY OF A NOVEL GENE TRANSFER AGENT CARRYING THE FACTOR IX GENE FOR TREATMENT OF HEMOPHILIA B; ALL TEN ADULT PARTICIPANTS WITH SEVERE HEMOPHILIA B HAD NO SERIOUS UNEXPECTED SIDE EFFECTS AND ALL PARTICIPANTS SHOWED AN INCREASE IN FACTOR IX LEVELS LEADING TO A SUBSTANTIAL REDUCTION IN THE</p>

Form and Line Reference	Explanation
PART VI, LINE 2 (CONTINUATION FROM PAGE 94/140)	<p>IR BLEEDING TENDENCY. ADDITIONALLY, ST. JUDE HAS DEVELOPED A VECTOR FOR GENE TRANSFER TO TREAT CHILDREN WITH X LINKED SEVERE COMBINED IMMUNODEFICIENCY (X LINKED SCID) DISEASE WHICH HAS SHOWN PROMISE AS A CURE FOR THE DISEASE. FUTURE EFFORTS WILL CONTINUE TO FOCUS ON FINDING VIABLE CURES AND/OR TREATMENTS TO PREVENT COMPLICATIONS IN CHILDREN WITH SCID AND OTHER NON-MALIGNANT, CHRONIC HEMATOLOGIC DISEASES. HIV THE CONNECT TO PROTECT (C2P) COMMUNITY COALITION LED BY MEMBERS OF THE HOSPITAL'S COMPREHENSIVE HIV PREVENTION AND TREATMENT PROGRAM FOR CHILDREN AND YOUTH, HAS SIGNIFICANTLY CONTRIBUTED TO THE STRONG COMMUNITY TIES THAT ST. JUDE HAS ESTABLISHED AND STRENGTHENED. LAUNCHED IN 2008, C2P IS MADE UP OF 25 PARTNER AGENCIES REPRESENTING A DIVERSE MIX OF STAKEHOLDERS FROM VARIOUS SECTORS IN MEMPHIS. THIS INCLUDES THE HEALTH DEPARTMENT, FAITH- AND COMMUNITY-BASED ORGANIZATIONS, SCHOOLS, BUSINESSES, YOUTH AND HEALTH CARE ORGANIZATIONS; ALL ALIGNED WITH THE COMMON GOAL OF OPTIMIZING HIV PREVENTION AND TREATMENT. THE STRENGTH OF THIS COALITION HAS BEEN TO PROVIDE A NON-THREATENING, COLLABORATIVE ENVIRONMENT WHERE INDIVIDUALS AND AGENCIES WITH DIFFERENT BACKGROUNDS AND PRIORITIES HAVE BEEN ABLE TO COLLABORATIVELY IMPLEMENT OVER 70 NEW POLICIES, PRACTICES AND PROGRAMS THAT IMPACT HIV PREVENTION AND TREATMENT IN YOUTH. IN THIS COALITION WE HAVE LEARNED AND SHARED BEST PRACTICES, AND TOGETHER, IDENTIFIED AND DEVELOPED NEW STRUCTURAL CHANGE OBJECTIVES TO ADDRESS IMPEDIMENTS THAT PREVENT YOUTH FROM MOVING ALONG THE HIV PREVENTION AND TREATMENT CARE CONTINUUM. HAVING ACCESS TO, AND COMMITMENT FROM, SUCH A DIVERSE GROUP OF PEOPLE AND ORGANIZATIONS HAS ALLOWED FOR SHARED RESPONSIBILITY IN TRANSFORMING THE HEALTH TRAJECTORY OF THE CITY. THE COALITION DESIGNED A STRATEGIC PLAN THAT SPECIFICALLY ADDRESSES YOUTH BARRIERS TO TESTING, TRANSITIONING TO ADULT CARE, PRE-EXPOSURE PROPHYLAXIS AND LINKAGE OF NEWLY DIAGNOSED HIV+ YOUTH TO MEDICAL CARE. AS BARRIERS ARE IDENTIFIED, MEMBERS ENGAGE IN DIALOGUE AND DISCUSSIONS WITH KEY STAKEHOLDERS, AND STRATEGIZE FOR POLICY AND PRACTICE CHANGES RELATED TO COMMONLY IDENTIFIED OBSTACLES SUCH AS DISCLOSURE, TIME LINES OF CONFIRMATORY TEST, MEDICATION/APPOINTMENT, SOCIAL DETERMINANTS AND ADHERENCE. SINCE IMPLEMENTING THE STRATEGIC MULTISITE INITIATIVE FOR LINKAGE AND ENGAGEMENT (SMILE) LINKAGE TO CARE PROGRAM IN 2010, WE HAVE BEEN ABLE TO ASSIST APPROXIMATELY 1,120 YOUTH AND YOUNG ADULTS WITH GETTING INTO MEDICAL CARE. THIS FISCAL YEAR, OF THE 120 REFERRED TO CARE, 75% HAVE BEEN RETAINED IN CARE AND EXPECTED TO ACHIEVE VIRAL SUPPRESSION. THE SUCCESS OF THE PROGRAM GARNERED NATIONAL ATTENTION AND HAS BEEN RECOGNIZED BY THE CENTERS FOR DISEASE CONTROL AS A BEST PRACTICE MODEL. AS A RESULT, WE HAVE BEEN WORKING COLLABORATIVELY WITH THE SHELBY COUNTY HEALTH DEPARTMENT AND LE BONHEUR COMMUNITY HIV NETWORK TO REPLICATE AND EXPAND OUR MODEL OF LINKAGE TO CARE AND TREATMENT BY APPLYING FOR GRANT SUPPORT TO HIRE ADDITIONAL STAFF. THIS HAS ALLOWED OUR PROGRAM TO ASSIST OTHER AGENCIES WITH HELPING TO LINK NEWLY DIAGNOSED YOUTH AND YOUNG ADULTS INTO CARE AND ALSO CONTRIBUTE TO REDUCING THE HIV COMMUNITY VIRAL LOAD. IN AN EFFORT TO FURTHER SUPPORT THOSE PATIENTS THAT MATRICULATE ALONG THE HIV CARE CONTINUUM, WE INSTITUTED A RETENTION IN CARE (RIC) PROGRAM THAT PROVIDES SUPPORT TO YOUTH AND YOUNG ADULT PATIENTS WHO FIND MAINTAINING CONSISTENT MEDICAL TREATMENT AND CARE, A CHALLENGE. SINCE 2016, THE RIC COORDINATOR HAS CAREFULLY AND CONSIDERATELY WORKED TO ASSURE THAT APPROXIMATELY 40 PATIENTS ARE AS SUCCESSFUL AS POSSIBLE WITH TRANSITIONING TO ADULT MEDICAL CARE WITHOUT GAPS OR DELAYS.</p>

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Form and Line Reference	Explanation
OUR ABILITY TO FORGE STRONG PARTNERSHIPS AND INROADS IN THE PUBLIC AND	<p>PRIVATE SECTORS HAS ALSO ASSISTED US WITH OUR NEWEST RESEARCH INITIATIVE, INJECTABLE PREP (PRE-EXPOSURE PROPHYLAXIS) OR HPTN (HIV PREVENTION TRIALS NETWORK) 083. SINCE 2017, WE HAVE PRE-SCREENED APPROXIMATELY 150 ELIGIBLE INDIVIDUALS AND ENROLLED ONTO STUDY 94 UNINFECTED HIGH-RISK YOUNG ADULT VOLUNTEERS TO DETERMINE THE EFFICACY OF USING BIOMEDICAL PREVENTION IN OUR COMMUNITY. WE WERE THE TOP RECRUITING SITE FOR THIS STUDY AND MET OUR TWO-YEAR RECRUITMENT GOAL (64) IN THE FIRST YEAR. IN ADDITION, FOR OVER TWO YEARS, C2P MEMBERS ALONGSIDE THE ST. JUDE COORDINATING CENTER STAFF, HAS BEEN SYSTEMATICALLY WORKING ON AN ENDING THE HIV EPIDEMIC IN MEMPHIS IMPLEMENTATION PLAN. THIS COLLABORATIVE EFFORT WAS RECENTLY FUNDED (SEPTEMBER 2019) BY THE CENTERS FOR DISEASE CONTROL TO ACCELERATE STATE AND LOCAL PLANNING EFFORTS TO ACHIEVE ZERO NEW HIV INFECTIONS BY THE YEAR 2030. THIS HAS LED TO MORE INTENTIONAL ENGAGEMENT OF NEW STAKEHOLDERS, GRASS ROOTS ORGANIZATIONS, AND OTHER GATEKEEPERS TO HELP FORTIFY AND BUILD OUT THE ENGAGEMENT PROCESSES. SINCE SEPTEMBER OF 2019, C2P HAS MANAGED TO HOST AND PARTICIPATE IN OVER 35 STAKEHOLDER MEETINGS AND GET BUY-IN AND SUPPORT FROM 20 NEW PARTNER REPRESENTATIVES FROM 13 DIFFERENT ORGANIZATIONS TO CONTINUE TO ENRICH THE EHE MEMPHIS PLANNING COALITION. SINCE APRIL OF 2020, MANY OF THESE MEETINGS (11) HAVE HAD TO MOVE TO A VIRTUAL PLATFORM AMID THE COVID-19 PANDEMIC. WE CREATED A VIRTUAL CHALK TALK WEEKLY SERIES AS A WAY TO KEEP COMMUNITY PARTNER ENGAGEMENT STRONG AND VIABLE AND HAVE HAD APPROXIMATELY 450 ATTENDEES TO DATE. THIS VIRTUAL PLATFORM HAS ALLOWED US TO HIGHLIGHT THE ACCOMPLISHMENTS AND SWIFT ADJUSTMENTS THAT MANY OF OUR COMMUNITY PARTNERS HAVE HAD TO ADOPT, AS WELL AS, CONTINUE TO ENCOURAGE PARTNERS TO COMPLETE ENDING THE HIV EPIDEMIC MEMPHIS PLANS. LASTLY, MEMBERS OF THE HIV PREVENTION PROGRAM HAVE CO-FACILITATED AND/OR PARTICIPATED IN APPROXIMATELY 64 COMMUNITY BASED EDUCATIONAL AND TESTING EVENTS (FACE TO FACE/VIRTUAL), CONFERENCES AND RADIO/TELEVISION INTERVIEWS THAT HAVE IMPACTED WELL OVER 6,100 INDIVIDUALS IN MEMPHIS AND SURROUNDING AREAS. WE RECOGNIZE THE STRENGTH AND VALUE OF OUR COMMUNITY ENGAGEMENT INFRASTRUCTURE AND THAT MEMBERS ARE COMMITTED TO CONTINUE CROSS-AGENCY COLLABORATION. OUR GOALS ARE TO SUCCESSFULLY ACHIEVE MILESTONES AND IMPLEMENT NEW POLICIES AND PRACTICES THAT SUFFICIENTLY ADDRESS COMMUNITY NEEDS. HOWEVER, OUR COMMUNITY ENGAGEMENT INFRASTRUCTURE HAS BEEN CHALLENGED SINCE COVID-19 HAS CAUSED IN-PERSON MOBILIZATION ACTIVITIES (CONFERENCES, SUBCOMMITTEE MEETINGS, PANEL DISCUSSIONS, EDUCATIONAL SEMINARS, ETC.) TO CEASE AS A RESULT OF SHELTERING IN PLACE. WE HAVE IMPLEMENTED AS MANY CARE AND TREATMENT MODALITIES AS WE CAN USING THE TELEPHONE, EMAIL AND TEXT MESSAGING. STILL, SOME INDIVIDUALS ARE NOT ABLE TO BE REACHED AS THIS CRISIS HAS UNCOVERED A DIGITAL DIVIDE. AS COVID-19 CASES CONTINUE TO RISE IN OUR COMMUNITY, WE WILL IMPLEMENT THE USE OF MORE VIRTUAL PLATFORMS AS A MEANS OF CREATING COMMUNITY TOUCH POINTS. WE WILL SCALE UP THE USE OF PHONE AND EMAIL TO ENSURE PATIENT LINKAGE AND ENGAGEMENT IN CARE AND HOPE TO GARNER ASSISTANCE FROM RESOURCE COMMODITY CENTERS TO PARTNER TO REACH THOSE INDIVIDUALS THAT HAVE LIMITED ACCESS TO DIGITAL PLATFORMS. OUR HIV PREVENTION AND TREATMENT PROGRAM HAS REALLY VALUED THE STRONG AND BI-DIRECTIONAL COLLABORATION WITH COLLEAGUES IN THE COMMUNITY. WITH A SHARED FOCUS, WHAT WE HAVE BEEN ABLE TO ACHIEVE WITH OUR LINKAGE TO CARE, RETENTION IN CARE AND PREP EFFORTS, WOULD NOT HAVE BEEN FEASIBLE WITHOUT COMMUNITY AGENCY BUY-IN AND SUPPORT.</p> <p>1. AMERICAN CANCER SOCIETY. CANCER FACTS & FIGURES 2019. ATLANTA: AMERICAN CANCER SOCIETY; 2019. 2. LIU ET AL. J CLIN ONCOL 34(14):1634-43, 2016. 3. BHATIA ET AL. CANCER 122(15):2426-2439, 2016. 4. SENKOMAGO V, HENLEY SJ, THOMAS CC, MIX JM, MARKOWITZ LE, SARAIYA M. HUMAN PAPILLOMAVIRUS - ATTRIBUTABLE CANCERS - UNITED STATES, 2012-2016. MMWR MORB MORTAL WKLY REP 2019;68:724-728. DOI: HTTP://DX.DOI.ORG/10.15585/MMWR.MM6833A35. ELAM-EVANS LD, YANKEY D, SINGLETON JA, ET AL. NATIONAL, REGIONAL, STATE, AND SELECTED LOCAL AREA VACCINATION COVERAGE AMONG ADOLESCENTS AGED 13-17 YEARS - UNITED STATES, 2019. MMWR MORB MORTAL WKLY REP 2020;69:1109-1116. DOI: HTTP://DX.DOI.ORG/10.15585/MMWR.MM6933A1</p>

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Form and Line Reference	Explanation
PART VI, LINE 4 (CONTINUATION FROM PAGE 100/140)	<p>THE ST. JUDE AFFILIATE PROGRAM (AP) IS A NETWORK OF EIGHT AFFILIATED PEDIATRIC HEMATOLOGY/ONCOLOGY CLINICS IN THE U.S., ALLOWS ST. JUDE PATIENTS TO BE TREATED CLOSER TO HOME AND TO INCREASE ENROLLMENT ON ST. JUDE CLINICAL TRIALS. THE PHYSICIANS AND STAFF AT THESE SITES WORK IN COLLABORATION WITH THE STAFF AT ST. JUDE TO DELIVER PROTOCOL RELATED CARE OR EVIDENCE BASED TREATMENT WHEN NOT PARTICIPATING IN A TRIAL TO PEDIATRIC HEMATOLOGY-ONCOLOGY PATIENTS, SO THAT PATIENTS CAN RECEIVE CARE CLOSER TO HOME. AFFILIATES ARE CURRENTLY LOCATED IN BATON ROUGE, LA, CHARLOTTE, NC, HUNTSVILLE, AL, JOHNSON CITY, TN, PEORIA, IL, SHREVEPORT, LA, SPRINGFIELD, MO, AND TULSA, OK. THE AFFILIATES' ENROLLMENT OF PATIENTS ON ST. JUDE CLINICAL TRIALS HELPS ST. JUDE FIND CURES FASTER AND SAVE MORE CHILDREN. ST. JUDE PROVIDES FINANCIAL SUPPORT FOR CLINICAL OPERATIONS TO ENSURE EXCELLENT QUALITY OF CARE THAT MEETS ST. JUDE PROTOCOL GUIDELINES AND TO PROVIDE PATIENT ASSISTANCE. THE AP AND OTHER STAFF ASSIST THE AFFILIATES IN THE DEVELOPMENT OF NEW PEDIATRIC HEMATOLOGY-ONCOLOGY PROGRAMS; PROVIDE MONITORING AND CONSULTATION TO IMPROVE PATIENT CARE AND CLINICAL PROCESSES FOR THE AFFILIATE CLINIC AND CHILDREN'S HOSPITAL; AND PROVIDE NUMEROUS EDUCATIONAL OFFERINGS AND MENTORING FOR AFFILIATE STAFF. IN ADDITION, ST. JUDE HAS MANY PROCESSES TO ENSURE GOOD CONTINUITY OF CARE BETWEEN THE AFFILIATES AND ST. JUDE. THE AFFILIATES' CLINICAL RECORDS FOR SHARED PATIENTS ARE AVAILABLE IN ST. JUDE MEDICAL RECORDS AND EVERY AFFILIATE HAS ACCESS TO ST. JUDE ELECTRONIC MEDICAL RECORDS OF SHARED PATIENTS. THE AFFILIATES ALSO HAVE ACCESS TO ALL ELECTRONIC RESOURCES, E.G. PATIENT EDUCATION MATERIALS, RESEARCH PROTOCOLS, CLINICAL GUIDELINES AND RESOURCES; EVERYTHING ON THE ST. JUDE INTRANET. IN ADDITION TO ASSISTING THE AFFILIATES, ST. JUDE PROVIDES CONSULTATION SERVICES FOR MORE THAN 2,600 NATIONAL AND NEARLY 1,100 INTERNATIONAL PHYSICIAN REQUESTS. FOR FY20 PATIENT CONSULTATIONS BY CONTINENT TOTALED 3,709 AS FOLLOWS: CONTINENT NUMBER OF PATIENT CONSULTATIONS NORTH AMERICA (INCL. CENTRAL AMERICA AND CARIBBEAN) 2,884 SOUTH AMERICA 168 EUROPE 129 AFRICA 34 ASIA 428 AUSTRALIA 61 UNKNOWN LOCATION 5 TOTAL 3,709</p>

Form and Line Reference	Explanation
<p>PART VI, LINE 5 (CONTINUATION FROM PAGE 105/140)</p>	<p>IN OCTOBER 2019, ST. JUDE INVESTIGATORS PUBLISHED A PAPER IN THE JOURNAL OF CLINICAL ONCOLOGY DETAILING HOW THEY REDUCED RELAPSE IN PEDIATRIC ACUTE LYMPHOBLASTIC LEUKEMIA (ALL) PATIENTS BY ADDING DOSES OF CHEMOTHERAPY IN THE CEREBROSPINAL FLUID EARLIER IN TREATMENT. THE RESEARCHERS REPORTED THAT THE APPROACH IMPROVED CNS CONTROL WITHOUT ADDING TOXICITY. ALSO THIS YEAR, THE ST. JUDE PEDIATRIC TRANSLATIONAL NEUROSCIENCE INITIATIVE STARTED TO TAKE SHAPE. THIS INSTITUTION-WIDE EFFORT AIMS TO TRANSFORM UNDERSTANDING AND TREATMENT OF DEVASTATING CHILDHOOD NEUROLOGICAL DISORDERS. DR. RICHARD S. FINKEL JOINED ST. JUDE TO HEAD THE CLINICAL CENTERPIECE, THE CENTER FOR EXPERIMENTAL NEUROTHERAPEUTICS. ON THE RESEARCH SIDE, DR. PETER MCKINNON IS LEADING THE NEW CENTER FOR PEDIATRIC NEUROLOGICAL DISEASE RESEARCH. THIS IS MARKS AN EXPANSION OF THE INSTITUTION'S FOCUS TO ENCOMPASS PEDIATRIC NEUROLOGICAL DISEASES AND A NEW PROGRAM TO HELP CHILDREN AFFECTED BY THEM. ST. JUDE CONTINUED ITS GENE THERAPY TREATMENT CLINICAL TRIAL THAT HAS CURED BABIES WITH X-LINKED SEVERE COMBINED IMMUNODEFICIENCY (SCID-X1). SCIENTISTS HOPE THE NOVEL COMBINATION THERAPY WILL LEAD TO CURES FOR SICKLE CELL DISEASE AND OTHER BLOOD DISORDERS. SCID-X1 IS SOMETIMES CALLED "BUBBLE BOY" DISEASE BECAUSE PATIENTS ARE USUALLY BOYS. THEY ARE BORN WITHOUT GOOD DISEASE-FIGHTING IMMUNE SYSTEMS AND NEED PROTECTION FROM THE WORLD. A MUTATION IN A SINGLE GENE STOPS PEOPLE WITH SCID-X1 FROM MAKING IMMUNE CELLS THAT WORK. A TEAM LED BY THE LATE BRIAN SORRENTINO, MD, OF ST. JUDE DESIGNED A VECTOR TO CARRY A CORRECT COPY OF THE GENE INTO BLOOD-PRODUCING CELLS. THE VECTOR INCLUDED SAFETY FEATURES THAT PROTECT AGAINST TREATMENT-RELATED SIDE EFFECTS, INCLUDING LEUKEMIA. THE FIRST EIGHT SCID-X1 BABIES TREATED WITH THE ST. JUDE GENE THERAPY ARE ALL GROWING NORMALLY. THEY ARE NOW MAKING COMPLETE SETS OF IMMUNE CELLS FOR THE FIRST TIME. NONE HAVE DEVELOPED SERIOUS INFECTIONS. OTHER PROGRAMS BEGUN DURING THIS YEAR INCLUDE A NEW ACUTE CARE CLINIC FOR ESTABLISHED PATIENTS, A PILOT FOR HOME HEALTH SERVICES DURING THE PANDEMIC, TRAINING MORE THAN 160 PROVIDERS ON TELEMEDICINE AND INCREASING TELEMEDICINE OPTIONS FOR PATIENTS, AND PUBLISHING THE TOGETHER WEBSITE PATIENT EDUCATIONAL RESOURCE INTO OTHER LANGUAGES INCLUDING SPANISH, ARABIC, AND CHINESE. WITH THE EMERGENCE OF THE COVID-19 PANDEMIC IN MARCH 2020, ST. JUDE CHILDREN'S RESEARCH HOSPITAL MOVED QUICKLY TO PROTECT THE HEALTH AND SAFETY OF OUR EMPLOYEES, FAMILIES, AND THE MOST VULNERABLE MEMBERS OF OUR COMMUNITY - OUR PATIENTS. ST. JUDE FACULTY AND STAFF WORKED TOGETHER TO CREATE A SAFE HARBOR AGAINST COVID-19. PROTECTION MEASURES INCLUDE A FIRST-OF-ITS-KIND COVID-19 TESTING PROGRAM FOR EMPLOYEES AS WELL AS PATIENTS AND THEIR FAMILIES, CAMPUS ZONING, REDUCED PERSONNEL AND VISITOR ACCESS, AND HEIGHTENED INFECTION-CONTROL PROCEDURES. BEFORE MANY AREAS IN THE COUNTRY WERE ABLE TO TEST FOR COVID-19, ST. JUDE CREATED ITS OWN CLINICAL TESTING PROGRAM FOR PATIENTS, FAMILIES AND STAFF. EACH DAY, HUNDREDS OF EMPLOYEES RANDOMLY SELECTED FOR SCREENING ENTER THE MARLO THOMAS CENTER AUDITORIUM, SIT DOWN AT TESTING STATIONS AND HAVE THEIR NOSES SWABBED FOR EVIDENCE OF THE NOVEL CORONAVIRUS. MEANWHILE, PATIENTS AND THEIR FAMILIES UNDERGO TESTING IN ANOTHER PART OF THE HOSPITAL. NURSES PLACE THE SWABS INTO VIALS WITH TRANSPORT MEDIA THAT HAS BEEN PRODUCED AND PACKAGED AT THE CHILDREN'S GMP, LLC, A FACILITY LOCATED ON THE ST. JUDE CAMPUS. THE VIALS ARE THEN TRANSPORTED TO THE HOSPITAL'S CLINICAL COVID-19 TESTING LAB, WHERE PATHOLOGISTS TEST BETWEEN 5,000 AND 6,000 SAMPLES PER WEEK. MEANWHILE, IN THE HOSPITAL, WORKERS EMPLOY MANY TACTICS TO CREATE A SAFE ENVIRONMENT, INCLUDING USING UV LIGHT TO STERILIZE AND KILL MICROBIOLOGICAL CONTAMINANTS. TO FURTHER REDUCE THE INFECTION RISK, ST. JUDE HAS DRASTICALLY CURTAILED THE NUMBER OF PEOPLE COMING ONTO CAMPUS. WE HAVE TAKEN STEPS TO HAVE FEWER PATIENTS ON CAMPUS, AND WE HAVE LIMITED THE NUMBER OF CAREGIVERS, VISITORS AND SIBLINGS ALLOWED IN THE HOSPITAL AND OUR HOUSING FACILITIES. WE ARE HELPING PATIENTS AND FAMILIES AVOID TRAVEL DURING THE PANDEMIC WHEN IT'S SAFE TO DO SO AND MANAGING THE CARE OF EACH PATIENT ON AN INDIVIDUAL BASIS. SOME PATIENTS ARE ABLE TO GET CARE AT ONE OF THE NINE ST. JUDE AFFILIATE CLINICS, FOR EXAMPLE. MANY CHILDREN STAYING IN ST. JUDE HOUSING FACILITIES IN MEMPHIS NO LONGER NEED TO TRAVEL TO CAMPUS FOR ROUTINE BLOODWORK OR CENTRAL-LINE CARE. INSTEAD, THE CARE COMES TO THEM, THANKS TO ST. JUDE NURSES WHO VISIT PATIENTS' ROOMS AND APARTMENTS. THE OVERWHELMING MAJORITY OF PATIENTS AND THEIR CAREGIVERS SAY THEY LIKE THE CONVENIENCE OF RECEIVING CARE IN HOUSING. CANCER NEVER SLEEPS, SO RESEARCHERS AT ST. JUDE CONTINUE THEIR WORK WHILE ADHERING TO NEW GUIDELINES FOR PHYSICAL DISTANCING, DISINFECTION AND THE USE OF PERSONAL PROTECTIVE EQUIPMENT. THE CAMPUS HAS BEEN ZONED SO THAT ADMINISTRATIVE AND RESEARCH EMPLOYEES DO NOT COME INTO CONTACT WITH PATIENTS, FAMILIES AND CLINICAL EMPLOYEES. THIS I</p>

Form and Line Reference	Explanation
PART VI, LINE 5 (CONTINUATION FROM PAGE 105/140)	<p>S ONE MORE LAYER OF PROTECTION FOR THE CHILDREN IN OUR CARE.IN THE MIDST OF A PANDEMIC, TH E DEDICATED SCIENTISTS AT ST. JUDE CONTINUE TO TRAVEL THEIR PATH OF INNOVATION, MAKING DIS COVERIES AND SHARING THEIR FINDINGS WITH THE WORLD. IN THE PAST COUPLE OF MONTHS, FOR INST ANCE, OUR RESEARCHERS HAVE DEVELOPED SOFTWARE TO IDENTIFY CANCER-CAUSING MUTATIONS LURKING IN VAST REGIONS OF THE HUMAN GENOME. THEY PREMIERED A DATA PORTAL THAT WILL SPEED DISCOVE RIES AND NOVEL THERAPIES FOR THE TREATMENT OF CHILDHOOD SOLID TUMORS. AND THEY HAVE CREATE D AN INNOVATIVE RESOURCE THAT ALLOWS RESEARCHERS WORLDWIDE TO TEST NOVEL THERAPIES FOR CHI LDHOOD BRAIN TUMORS. THOSE ARE ONLY THREE OF MANY RECENT PROJECTS THAT WILL BENEFIT CHILDR EN AROUND THE WORLD FOR YEARS TO COME.ST. JUDE IS A HUB OF NATIONAL AND INTERNATIONAL EFFO RTS TO ADVANCE UNDERSTANDING AND TREATMENT OF COVID-19 IN CHILDREN AND YOUNG PEOPLE, ESPEC IALLY THOSE WITH CANCER DIAGNOSES. NATIONALLY, WE ARE HOSTING A REGISTRY TO COLLECT DATA O N CHILDREN WITH COVID-19. THE GOAL IS TO LEARN MORE ABOUT THE INCIDENCE, DISTRIBUTION, CLI NICAL PRESENTATION, MANAGEMENT AND OUTCOMES OF THE INFECTION IN CHILDREN. ST. JUDE GLOBAL HAS ALSO CREATED A WEBSITE DEDICATED TO THE EFFECT OF THE PANDEMIC ON CHILDREN WITH CANCER AROUND THE WORLD. THE GLOBAL COVID-19 OBSERVATORY AND RESOURCE CENTER FOR CHILDHOOD CANCE R ALLOWS CLINICIANS WORLDWIDE TO COLLABORATE, CONNECT AND FIND THE LATEST INFORMATION ON C OVID-19 AS IT RELATES TO PEDIATRIC CANCER.ALTHOUGH INCREDIBLE RESOURCES HAVE BEEN DEDICATE D TO PROTECTING THE CAMPUS FROM COVID-19, OUR MISSION - FINDING CURES AND SAVING CHILDREN - REMAINS AT THE FOREFRONT OF ALL WE DO. OUR FACULTY AND STAFF KNOW ALL TOO WELL THAT CANC ER AND OTHER DEADLY ILLNESSES DON'T STOP, EVEN IN THE MIDST OF A PANDEMIC. AS A RESULT, WE CONTINUE TO CARE FOR THOUSANDS OF CHILDREN WITH CANCER AND OTHER LIFE-THREATENING DISEASE S. WE ARE FOCUSED ON ENSURING PATIENTS GET THE TREATMENT THEY NEED EVEN DURING THIS GLOBAL CRISIS.ST. JUDE ALSO PRODUCED EDUCATIONAL RESOURCES ON COVID-19 FOR OUR COMMUNITY, MAKING THEM PUBLICLY AVAILABLE ON STJUDE.ORG AND OUR @STJUDERESEARCH SOCIAL MEDIA CHANNELS, AS W ELL AS PROVIDING EXPERTS FOR NEWS MEDIA STORIES ON COVID-19. COMMUNITY EDUCATION ALSO INCL UDED THE FOLLOWING:</p>

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Form and Line Reference	Explanation
<p>- TOGETHER WEBSITE: TOGETHER IS AN ONLINE RESOURCE BY ST. JUDE CHILDREN'S</p>	<p>RESEARCH HOSPITAL THAT OFFERS DEPENDABLE INFORMATION AND A COMMUNITY OF SUPPORT FOR ANYONE FACING CHILDHOOD CANCER. THIS SITE PROVIDES RELIABLE MEDICAL EXPLANATIONS AND CLINICAL CARE INFO IN EASY-TO-UNDERSTAND LAY TERMS. THE SITE'S SOLE PURPOSE IS TO PROVIDE ACCURATE EDUCATIONAL INFORMATION ON CHILDHOOD CANCER TO PATIENTS AND THEIR FAMILIES ANYWHERE IN THE WORLD.- PROMISE MAGAZINE, PRINT AND DIGITAL: ST. JUDE PUBLISHED 17 ARTICLES IN PROMISE THIS YEAR WITH EDUCATIONAL INFORMATION ON HIV/AIDS, GENERAL CHILDHOOD CANCER AND HEALTH RESOURCES, AND CHILDHOOD CANCER SURVIVORSHIP.- PROGRESS BLOG POSTS: ST. JUDE PUBLISHED MORE THAN 20 ARTICLES IN PROGRESS THIS YEAR WITH EDUCATIONAL INFORMATION ON COVID-19, SICKLE CELL DISEASE, FLU, HIV/AIDS, HEALTH CARE CAREERS, GENERAL CHILDHOOD CANCER AND HEALTH RESOURCES, AND CHILDHOOD CANCER SURVIVORSHIP.- PUBLIC SERVICE ANNOUNCEMENTS: ST. JUDE AIRED RADIO PSAS ON LOCAL MEMPHIS STATIONS WLOK RADIO FM 104.9 AND 1340 AM 52 TIMES THIS YEAR. THE PSAS WERE ON HIV/AIDS, HPV VACCINATION, AND SICKLE CELL DISEASE.- SOCIAL MEDIA POSTS: ST. JUDE POSTED MORE THAN 130 MESSAGES IN FY20 ON ITS FACEBOOK, TWITTER, INSTAGRAM AND LINKEDIN ACCOUNTS ABOUT CHILDHOOD CANCER, SICKLE CELL DISEASE, HIV/AIDS, FLU, HPV VACCINATION, AND HEALTH CARE CAREERS.- STJUDE.ORG STORIES: ST. JUDE PUBLISHED 20 EDUCATIONAL STORIES ON STJUDE.ORG. - THIS YEAR, SHARING INFORMATION ABOUT SICKLE CELL DISEASE, HPV VACCINATION, HEALTH CARE CAREERS, GENERAL CHILDHOOD CANCER AND HEALTH RESOURCES, SURVIVOR CARE AND COVID-19 RESOURCES.- EARNED NEWS MEDIA STORIES: BECAUSE ALL MEDIA OUTLETS HAVE AN ACCOMPANYING WEBSITE WHERE THEY ALSO SHARE THEIR NEWS (AND MANY ARE ONLINE ONLY NOW), OUR LOCAL COMMUNITY CAN ACCESS EDUCATIONAL NEWS STORIES FROM AROUND THE WORLD. THIS YEAR, THE ST. JUDE MEDIA RELATIONS TEAM EARNED MORE THAN 300 NEWS STORIES IN VARIOUS MEDIA OUTLETS AVAILABLE TO OUR COMMUNITY ABOUT THE FOLLOWING EDUCATIONAL TOPICS:-- THE IMPORTANCE OF FLU VACCINATION-- THE IMPORTANCE OF HPV VACCINATION-- COVID-19 RESOURCES, SUCH AS HOW THE VIRUS SPREADS, SIGNS AND SYMPTOMS, PROPER HANDWASHING, MASK-WEARING, SOCIAL DISTANCING, DISCUSSING THE VIRUS WITH CHILDREN, AND MORE-- SICKLE CELL DISEASE INFO AND RESOURCES-- HIV/AIDS INFO AND RESOURCES-- HEALTH CARE CAREERS</p>

Additional Data

Software ID:

Software Version:

EIN: 62-0646012

Name: ST JUDE CHILDREN'S RESEARCH HOSPITAL
INC

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	ST JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 381053678 WWW.STJUDE.ORG TN STATE LICENSE NUMBER 0000000113	X		X			X				

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ST. JUDE CHILDREN'S RESEARCH HOSPITAL	<p>PART V, SECTION B, LINE 5: THE ST. JUDE FISCAL YEAR 2019 CHNA BUILDS UPON THE FISCAL YEAR 2013 AND 2016 CHNAS AND REFLECTS THE ACTIVITIES IDENTIFIED IN THE ST. JUDE FISCAL YEAR 201 6 COMMUNITY BENEFIT IMPLEMENTATION PLAN. THE FISCAL YEAR 2019 CHNA WAS LED BY AN INTERNAL TEAM OF ST. JUDE STAFF MEMBERS. THE LEADERSHIP OF THIS TEAM ENGAGED HEALTH RESOURCES IN AC TION (HRIA), A NON-PROFIT PUBLIC HEALTH CONSULTANCY ORGANIZATION, TO CONDUCT THE CHNA. THE NEW CHNA IDENTIFIED THE IMPORTANCE OF PARTNERSHIPS AND COLLABORATION WITH OTHER ORGANIZAT IONS TO MEET THE HEALTH NEED AND MEDICAL NEEDS OF CHILDREN, INCLUDING THE SHELBY COUNTY HE ALTH DEPARTMENT, METHODIST LE BONHEUR HEALTHCARE, AND BAPTIST MEMORIAL HEALTH CARE AND REG IONAL ONE HEALTH. EACH INSTITUTION IS WORKING TO ALIGN ITS ASSESSMENT AND PLANNING PROCESS ES, WHEN APPROPRIATE, AND TO COORDINATE ACTIVITIES RELATED TO DATA COLLECTION.TO DEVELOP A SOCIAL, ECONOMIC, AND HEALTH PORTRAIT OF THE COMMUNITY SERVED BY ST. JUDE FOR THE GREATER MEMPHIS AREA AND NATIONALLY, HRIA REVIEWED EXISTING DATA DRAWN FROM LOCAL, STATE, AND NAT IONAL SOURCES. TO GAIN MORE LOCAL-LEVEL DATA, ST. JUDE WORKED WITH THE SHELBY COUNTY HEALT H DEPARTMENT TO OBTAIN DEMOGRAPHIC, ECONOMIC, AND HEALTH DATA FOR SHELBY COUNTY. HRIA COND UCTED QUALITATIVE RESEARCH WITH INTERNAL AND EXTERNAL ST. JUDE STAKEHOLDERS AS WELL AS PAT IENTS AND FAMILY MEMBERS SERVED IN ORDER TO SUPPLEMENT QUANTITATIVE FINDINGS WITH PERCEPTI ONS OF COMMUNITY STRENGTHS AND ASSETS, THEIR PRIORITY HEALTH CONCERNS, AND SUGGESTIONS FOR FUTURE PROGRAMMING AND SERVICES.FOCUS GROUPSFOCUS GROUPS WERE CONDUCTED WITH CURRENT AND FORMER ST. JUDE PATIENTS, PATIENT CAREGIVERS, AND ST. JUDE CLINICAL, RESEARCH, AND ADMINIS TRATIVE STAFF. DIFFERENT TOPIC AREAS WERE EXPLORED BASED ON THE UNIQUE EXPERIENCES OF EACH OF THE GROUPS. THE PATIENT AND CAREGIVER FOCUS GROUPS, CONDUCTED WITH CURRENT PATIENTS AN D REPRESENTATIVES OF THE PATIENT FAMILY ADVISORY COUNCIL, EXPLORED THE EXTENT TO WHICH ST. JUDE IS MEETING THE NEEDS OF CHILDREN WITH CATASTROPHIC ILLNESSES AND OPPORTUNITIES TO BR IDGE PATIENT NEEDS IN THE FUTURE. THE CLINICAL, RESEARCH, AND ADMINISTRATIVE STAFF FOCUS G ROUPS EXPLORED THESE TOPICS AS WELL AS SPECIFIC ISSUES RELATED TO THE GREATER MEMPHIS COMM UNITY. A SEMI-STRUCTURED MODERATOR'S GUIDE WAS USED ACROSS ALL DISCUSSIONS TO ENSURE CONSI STENCY IN THE TOPICS COVERED. WHILE SIMILAR, SEPARATE GUIDES WERE USED FOR THE CAREGIVER A ND PATIENT FOCUS GROUPS SO THAT THEY WERE AGE AND DEVELOPMENTALLY APPROPRIATE.EACH FOCUS G ROUP WAS FACILITATED BY AN EXPERIENCED HRIA STAFF MEMBER, WHILE A NOTE-TAKER TOOK DETAILED NOTES DURING THE DISCUSSION. ON AVERAGE, FOCUS GROUPS LASTED 30-90 MINUTES. BEFORE THE ST ART OF THE GROUPS, HRIA EXPLAINED THE PURPOSE OF THE STUDY TO PARTICIPANTS AND PARTICIPANT S HAD AN OPPORTUNITY TO ASK QUESTIONS. THEY WERE ALSO NOTIFIED VERBALLY THAT GROUP DISCUSS IONS WOULD REMAIN CONFIDENTIAL, AND NO RESPONSES WOULD BE CONNECTED TO THEM PERSONALLY. PA RTICIPANTS WERE RECRUITED BY S</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ST. JUDE CHILDREN'S RESEARCH HOSPITAL	<p>T. JUDE STAFF, WHO ARRANGED ALL LOGISTICS FOR THE ONSITE FOCUS GROUPS.MEDICAL EXECUTIVE CO MMITTEE- ELIZABETH ADDERSON, MD, INFECTIOUS DISEASES- DORALINA ANGHELESCU, MD, ANESTHESIOLOGY- MICHAEL BISHOP, MD, ONCOLOGY, SOLID TUMOR- ROBIN DIAZ, JD, CHIEF LEGAL COUNSEL- SARA FEDERICO, MD, ONCOLOGY, SOLID TUMOR- WILLIAM GREENE, PHARMD, VICE PRESIDENT, PHARMACEUTICAL SERVICES- RAY MORRISON, MD, ICU, CRITICAL CARE-PULMONARY MEDICINE- ROBIN MUTZ, RN, SVP, CHIEF NURSING EXECUTIVE- TRACY PARKS, DIRECTOR, QUALITY MANAGEMENT- RICHARD ROCHESTER, MAN AGING BMT/CT CLINIC- JOHN SANDLUND, MD, ONCOLOGY, LEUKEMIA/LYMPHOMA- BRANDON TRIPLETT, MD, BONE MARROW TRANSPLANT AND CELL THERAPY- JOSHUA WOLF, MD, INFECTIOUS DISEASESNURSING- MIKE BURGESS, PEDIATRIC ONCOLOGY NURSE III WKD, INPATIENT, BONE MARROW TRANSPLANT- LORI CHRIST ION, INPATIENT UNIT MANAGER- JASMIN ELIZARRARAS, PEDIATRIC ONCOLOGY NURSE I, INPATIENT- CAMILLE FILOROMO, BSN, MED, PHD, RN, NEA-BC, SENIOR DIRECTOR OF CLINICAL EXPERIENCE- ANGEL PARKER, INPATIENT UNIT COORDINATOR- BOB SCHROEDER, INTERIM UNIT MANAGER, ICU- NICOLE WRIGHT , NURSING PROFESSIONAL DEVELOPMENT EDUCATOR IST. JUDE PATIENT FAMILY ADVISORY COUNCIL- TEN MEMBERS OF THE COUNCIL PARTICIPATED ADOLESCENT ST. JUDE PATIENTS- FIVE PATIENTS PARTICIPATED KEY INFORMANT INTERVIEWSHRIA CONDUCTED 26 INTERVIEWS; 11 WERE INTERNAL REPRESENTATIVES OF ST. JUDE HOSPITAL AND 15 WERE EXTERNAL REPRESENTATIVES. INTERVIEWEES REPRESENT A RANGE OF SECTORS, INCLUDING LEADERS IN HEALTH CARE AND HEALTH RESEARCH, GOVERNMENT, AND SOCIAL SERVICE ORGANIZATIONS FOCUSING ON VULNERABLE POPULATIONS. A SEMI-STRUCTURED INTERVIEW GUIDE WAS USED ACROSS ALL DISCUSSIONS TO ENSURE CONSISTENCY IN THE TOPICS COVERED. INTERVIEWS WERE APPROXIMATELY 30 MINUTES IN LENGTH.INTERNAL KEY INFORMANT INTERVIEWS- ROBERT CLARK, MS , FACHE, CHIEF GOVERNMENT AFFAIRS OFFICER- JANICE ENGLISH, DIRECTOR, PATIENT AND FAMILY EXPERIENCE OFFICE- COLETTE HENDRICKS, VP-CLINICAL OPERATIONS- MELISSA M. HUDSON, MD, DIRECTOR, CANCER SURVIVORSHIP DIVISION- MELISSA JONES, DIRECTOR, CANCER CENTER OPERATION- PAT KEELE, EVP, CAO & CFO- ELLIS NEUFELD, MD, PHD, EVP/CLINICAL DIRECTOR- CAROLYN RUSSO, MD, ASSOCIATE MEMBER/MEDICAL DIRECTOR AFFILIATE PROGRAM-VICTOR SANTANA, MD, MEMBER/SVP CLINICAL TRIALS- DANA WALLACE, DIRECTOR, CANCER CENTER ADMINISTRATION- SHEILA ANDERSON, RN, TRANSITION NURSE CASE MANAGER, HEMATOLOGYEXTERNAL KEY INFORMANT INTERVIEWS- CARLA BAKER, RN, PROJECT DIRECTOR, MEMPHIS BREAST CANCER EQUITY CONSORTIUM, COMMON TABLE HEALTH ALLIANCE- AMY DANIELS, SENIOR VICE PRESIDENT OF INVESTOR RELATIONS, MEMPHIS CHAMBER OF COMMERCE- JOAN HAN, MD, DIRECTOR, PEDIATRIC OBESITY PROGRAM, LE BONHEUR CHILDREN'S HOSPITAL- ALISA HAUSHALTER, DNP, RN, PHNA-BC, DIRECTOR, SHELBY COUNTY HEALTH DEPARTMENT- MICHELLE HEIL, SENIOR MANAGER, HOSPITAL SYSTEMS, AMERICAN CANCER SOCIETY, NORTH CENTRAL REGION- ANITA LARKIN, MSN, RN, CLINICAL DIRECTOR, METHODIST LE BONHEUR- MARIAN LEVY, DRPH, RD, FAND, ASSOCIATE DEAN, UNIVERSITY OF MEMPHIS SCHOOL OF P</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ST. JUDE CHILDREN'S RESEARCH HOSPITAL	UBLIC HEALTH- VALERIE NAGOSHINER, CHIEF OF STAFF, TENNESSEE DEPARTMENT OF HEALTH- GARY SHO RB, EXECUTIVE DIRECTOR, THE URBAN CHILD INSTITUTE- ANDREANA SMITH, DIRECTOR OF CLINICAL AD MINISTRATION, CHURCH HEALTH CENTER- WEBB A. SMITH, PHD, CLINICAL EXERCISE PHYSIOLOGIST, HE ALTHY LIFESTYLES CLINIC, LE BONHEUR CHILDREN'S HOSPITAL- JAMILA SMITH-YOUNG, DNP, MPH, CPN P-AC, NURSE PRACTITIONER, UT LE BONHEUR PEDIATRIC SPECIALISTS DIVISION OF PEDIATRIC ENDOCR INOLOGY- CHARLES SNYDER, PHD, MPH, DIRECTOR, HEALTH DISPARITIES EDUCATION AND COMMUNITY EN GAGEMENT, UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER- KATY SPURLOCK, DEPUTY DIRECTOR, T HE URBAN CHILD INSTITUTE- ROBIN WOMEODU, MD, FACP, CHIEF MEDICAL OFFICER, METHODIST UNIVER SITY HOSPITAL

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
ST. JUDE CHILDREN'S RESEARCH HOSPITAL	PART V, SECTION B, LINE 13H: SEE NARRATIVE FOR PART 1, LINE 3C REGARDING THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY.

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
ST. JUDE CHILDREN'S RESEARCH HOSPITAL	PART V, SECTION B, LINE 15E: SEE NARRATIVE FOR PART 1, LINE 3C REGARDING THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ST. JUDE CHILDREN'S RESEARCH HOSPITAL	PART V, SECTION B, LINE 20E: ST. JUDE DOES NOT TAKE ANY OF THE COLLECTION ACTIONS DESCRIBED IN PART V, SECTION B, LINE 19 BECAUSE ST. JUDE COVERS ALL TREATMENTS, COPAYS, DEDUCTIBLES, COINSURANCE AND ANY OTHER COST SHARING OBLIGATIONS THAT ARE NOT COVERED BY INSURANCE. ST. JUDE TAKES NO ACTION TO COLLECT FROM PATIENTS OR THEIR FAMILIES AND DOES NOT REPORT TO CREDIT AGENCIES.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ST. JUDE CHILDREN'S RESEARCH HOSPITAL:	<p>PART V, SECTION B, LINE 11: ST. JUDE CHILDREN'S RESEARCH HOSPITALCOMMUNITY HEALTH NEEDS AS SESSMENT (CHNA) IMPLEMENTATION PLAN UPDATE (06/30/20)ST. JUDE CHILDREN'S RESEARCH HOSPITAL , INC. CONDUCTED AND ADOPTED ITS THIRD COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) DURING FIS CAL YEAR 2019 AND INTENDS TO ADDRESS THE FOLLOWING SIGNIFICANT HEALTH NEEDS, LISTED IN ORD ER OF PRIORITY:IMPROVING ACCESS TO CARE:- PALLIATIVE CARE-SERVICES AND RESOURCES FOR CARE GIVERSIMPROVING COORDINATION OF CARE:- TRANSITION OF PATIENTS FROM PEDIATRIC TO ADULT HEAL THCARE- OUTPATIENT CARE EXPERIENCE - TRANSITION OF CARE FROM SPECIALTY TO PRIMARY CARE PRO VIDERS- OUTPATIENT CARE EXPERIENCE - PHYSICIAN COORDINATION OF CAREIMPROVING CHILD HEALTH STATUS:- COMMUNITY HEALTH EDUCATION- PREVENTING VIRUS-ASSOCIATED CANCERS THROUGH INCREASED HPV VACCINATION-HIV COLLABORATION WITH COMMUNITY COALITION- CHILD KNOWLEDGE OF CANCER PR EVENTION, NUTRITION, OBESITY AND PHYSICAL ACTIVITYTHE THIRD CHNA WAS CONDUCTED AND ADOPTED AT THE END OF FISCAL YEAR 2019; THEREFORE, THESE HEALTH NEEDS WILL BE ADDRESSED OVER TAX YEARS 2019 THROUGH 2021.HEALTH NEEDS NOT BEING ADDRESSEDIN ORDER TO EFFECTIVELY ADDRESS TH E NEEDS IDENTIFIED, ST. JUDE IS FOCUSING ON THE NEEDS OUTLINED ABOVE. THE COMMUNITY HEALTH NEEDS ASSESSMENT IDENTIFIED THE IMPORTANCE OF PARTNERSHIPS AND COLLABORATIONS TO BUILD TO MEET THE HEALTH AND MEDICAL NEEDS OF CHILDREN, INCLUDING BUT NOT LIMITED TO COMMUNITY PAR Tners METHODIST LE BONHEUR HEALTHCARE AND CHURCH HEALTH CENTER. ST. JUDE DOES NOT HAVE THE CAPACITY OR RESOURCES TO MEET ALL NEEDS OF ALL CHILDREN AND THEIR FAMILIES, GIVEN ITS FOC USED MISSION AND MODEL OF PROVIDING SPECIALIZED SERVICES TO CHILDREN IN CRISIS. STRATEGIC PARTNERSHIPS WITH OTHER HEALTHCARE PROVIDERS, SUCH AS METHODIST LE BONHEUR HEALTHCARE, ALO NG WITH PARTNERSHIPS WITH SCHOOLS AND COMMUNITY-BASED ORGANIZATIONS ALLOW ST. JUDE TO CREA TE A NETWORK OF RESOURCES THAT THEY CAN LEVERAGE TO MEET THE HEALTH AND SOCIAL NEEDS OF A WIDER COMMUNITY OF PATIENTS AND THEIR FAMILIES.ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. DID TAKE THE FOLLOWING ACTIONS DURING FISCAL YEAR 2020 WITH RESPECT TO ITS MOST RECENT CH NA IN FISCAL YEAR 2019:ST. JUDE: PATIENT POPULATION AND CLINICAL FOCUS</p> <p>THE COMMUNITY SERVED BY ST. JUDE CAN BEST BE DEFINED BY UNDERSTANDING ST. JUDE'S PATIENT POPULATION AND SCOPE OF CLINICAL SERVICES. ST. JUDE IS A SPECIALTY HOSPITAL THAT TREATS PEDIATRIC CANCER AND BL OOD DISORDERS, AND CHILDREN AND ADOLESCENTS WITH HIV INFECTION. IT SERVES AS A NATIONAL RE FERRAL CENTER FOR CHILDREN WITH CANCER AS WELL AS A LOCAL REFERRAL CENTER FOR CHILDREN WIT H CANCER, BLOOD DISORDERS, AND HIV/AIDS. ST. JUDE TREATS CHILDREN AND YOUNG ADULTS WITH NE WLY DIAGNOSED OR SUSPECTED PEDIATRIC CANCER, HIV INFECTIONS OR CERTAIN HEMATOLOGIC OR GENE TIC DISEASES. WE ACCEPT MOST PATIENTS OUTSIDE OUR PRIMARY MARKET BASED ON A REFERRAL FROM THEIR PHYSICIAN OR AN AFFILIATE CLINIC, THEIR AGE, AND THEIR ABILITY TO ENROLL IN AN OPEN CLINICAL TRIAL. IN ADDITION TO</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ST. JUDE CHILDREN'S RESEARCH HOSPITAL:	<p>BEING TREATED AT ST. JUDE, PATIENTS MAY HAVE THE OPTION TO RECEIVE CARE AT ONE OF OUR EIGHT REGIONAL AFFILIATE CLINICS. ST. JUDE'S PRIMARY CLINICAL EFFORT CENTERS ON PROVIDING GROUND-BREAKING, RESEARCH-DRIVEN TREATMENTS FOR CHILDHOOD CANCERS AND OTHER CATASTROPHIC DISEASES IN CHILDREN. MORE SPECIFICALLY, APPROXIMATELY 8,000 PATIENTS ARE SEEN AT ST. JUDE ANNUALLY FOR ACTIVE THERAPY, TREATMENT COMPLETION MONITORING, SURVIVORSHIP SUPPORT OR PARTICIPATION IN RESEARCH PROGRAMS. THE HOSPITAL IS LICENSED FOR 80 INPATIENT BEDS AND CURRENTLY STAFFS 73 BEDS FOR PATIENTS REQUIRING HOSPITALIZATION DURING TREATMENT. IT SHOULD BE NOTED THAT ST. JUDE HAS DEVELOPED UNIQUE RESOURCES THAT ALLOW A SIGNIFICANT PORTION OF PATIENTS TO BE TREATED AS OUTPATIENTS WHO MAY HAVE BEEN ADMITTED AS INPATIENTS AT MOST HOSPITALS. THIS IS ACCOMPLISHED THROUGH PATIENT HOUSING DEDICATED SOLELY TO ST. JUDE PATIENT FAMILIES DESIGNED WITH INFECTION CONTROL MEASURES SUCH AS HEPA AIR FILTRATION, INFECTION-RESISTANT SURFACES AND OTHER MEDICAL SAFEGUARDS THAT ARE NOT AVAILABLE IN HOTELS OR PATIENTS' HOMES. THE ST. JUDE AFFILIATE PROGRAM MAKES TREATMENTS DEVELOPED AS CLINICAL TRIALS AT ST. JUDE CHILDREN'S RESEARCH HOSPITAL AVAILABLE TO MORE CHILDREN BY OFFERING MUCH OF THE CARE CLOSE TO HOME. THE ST. JUDE AFFILIATE PROGRAM IS A NETWORK OF PEDIATRIC HEMATOLOGY-ONCOLOGY CLINICS, HOSPITALS, AND IN SOME CASES, UNIVERSITIES UNITED TO EXTEND THE MISSION OF ST. JUDE. THE PHYSICIANS AND STAFF AT THESE SITES WORK IN COLLABORATION WITH THE STAFF OF ST. JUDE TO DELIVER STATE-OF-THE-ART CARE AND INNOVATIVE CLINICAL TRIALS TO CHILDREN WITH CANCER AND BLOOD DISORDERS. ST. JUDE ALSO OPERATES ST. JUDE GLOBAL. ITS MISSION IS TO IMPROVE THE SURVIVAL RATES OF CHILDREN WITH CANCER AND OTHER CATASTROPHIC DISEASES WORLDWIDE THROUGH THE SHARING OF KNOWLEDGE, TECHNOLOGY AND ORGANIZATIONAL SKILLS. THERE ARE 3 OVERRIDING GOALS:- TO TRAIN THE CLINICAL WORKFORCE THAT WILL BE REQUIRED TO MEET OUR MISSION- TO DEVELOP AND STRENGTHEN HEALTH SYSTEMS AND PATIENT-CENTERED INITIATIVES THAT ENCOMPASS THE ENTIRE CONTINUUM OF CARE REQUIRED FOR CHILDREN WITH CANCER AND NON-MALIGNANT HEMATOLOGICAL DISEASES- TO ADVANCE KNOWLEDGE IN GLOBAL PEDIATRIC ONCOLOGY AND HEMATOLOGY THROUGH RESEARCH TO SUSTAIN A CONTINUOUS IMPROVEMENT IN THE LEVEL AND QUALITY OF CARE DELIVERED AROUND THE GLOBE. ST. JUDE IS A RESEARCH ORGANIZATION, AND THERE ARE TIMES WHEN BASIC RESEARCH DISCOVERIES PERTAIN TO DISEASES THAT ARE BEYOND THE SCOPE OF DISEASES TREATED AS A PRIMARY DIAGNOSIS AT ST. JUDE. FOR THE PURPOSES OF THE FISCAL YEAR 2019 CHNA AND THIS IMPLEMENTATION PLAN, THE FOCUS IS SOLELY ON THOSE DISEASES FOR WHICH CHILDREN ARE ADMITTED TO ST. JUDE FOR TREATMENT. CONSISTENT WITH ST. JUDE'S PREVIOUS CHNA, THE FINDINGS IN 2019 HIGHLIGHTED THE ISSUES OF ACCESS TO CARE; CHILDHOOD CANCER; SICKLE CELL DISEASE AND HEMATOLOGY PATIENTS; LIVING WITH HIV AND AIDS; NEEDS OF THE PATIENTS' FAMILIES AND CAREGIVERS; POST TREATMENT AND CARE TRANSITION; HEALTH STATUS OF THE M</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ST. JUDE CHILDREN'S RESEARCH HOSPITAL:	<p>EMPHIS COMMUNITY AND ADDITIONAL GAPS FOR THE GENERAL PEDIATRIC POPULATION. ST. JUDE HAS CH OSEN TO ADDRESS THESE NEEDS IN THREE GENERAL AIMS: IMPROVING ACCESS TO CARE, IMPROVING COO RDINATION OF CARE AND IMPROVING CHILD HEALTH STATUS. THESE AIMS OFTEN ADDRESS MULTIPLE ISS UES IDENTIFIED IN THE CHNA. GIVEN THE SUCCESS OF THE CURRENT ST. JUDE COMMUNITY BENEFIT AC TIVITIES WITH ITS PATIENT POPULATION - CHILDREN WITH CATASTROPHIC DISEASE - ST. JUDE WILL CONTINUE TO ADDRESS THESE THREE AIMS WITH THE CORRESPONDING INITIATIVES BELOW: AIM #1 IMPRO VING ACCESS TO CARE PEDIATRIC HEALTH NEED: PALLIATIVE CARE HEALTH FACILITIES INVOLVED: ST. JUD E CHILDREN'S RESEARCH HOSPITAL, DEPARTMENT OF ONCOLOGY, DIVISION OF QUALITY OF LIFE AND PA LLIATIVE CARE ANTICIPATED OUTCOME: - CONTINUE TO TRAIN CLINICIANS IN HOSPICE AND PALLIATIVE MEDICINE (HPM) AND OFFER EDUCATIONAL OPPORTUNITIES FOR HPM.</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ACTION ITEMS TO MEET IDENTIFIED HEALTH NEED:	<p>1. RECRUIT AND TRAIN FIVE PHYSICIAN FELLOWS IN THE HPM FELLOWSHIP TRAINING PROGRAM, 2 PEDI ATRIC FELLOWS, 3 ADULT/MED-PEDS FELLOWS.2. PROVIDE TRAINING IN PALLIATIVE CARE FOR HEALTHC ARE PERSONNEL THROUGH TARGETED CONFERENCES AND OTHER EDUCATIONAL OPPORTUNITIES INCLUDING E ND-OF-LIFE NURSING EDUCATION CONSORTIUM (ELNEC) CONFERENCE, A REGIONAL ELNEC OFFERING FOR OUR REGIONAL HOSPICE AND PALLIATIVE CARE NURSES, AN INSTITUTION-DEVELOPED QUALITY OF LIFE SEMINAR, AND A 1-DAY REGIONAL PEDIATRIC ONCOLOGY PALLIATIVE CARE CONFERENCE.3. EDUCATE COM MUNITY PROVIDERS ABOUT HPM THROUGH COMMUNITY-BASED BRIDGING PROGRAMS FOR HOME HEALTH AND H OSPICE CARE THROUGH THE QUALITY OF LIFE FOR ALL KIDS PROGRAM VIA A THREE-HOUR DIDACTIC CUR RICULUM.4. ENHANCE TRAINING OPPORTUNITIES WITH ST. JUDE AFFILIATES.SELECTED ACCOMPLISHMENT S:- COMPLETED SUCCESSFUL TRAINING OF 2 PEDIATRIC HOSPICE AND PALLIATIVE MEDICINE FELLOWS A S WELL AS 3 ADULT/MED-PEDS HOSPICE AND PALLIATIVE MEDICINE FELLOWS.- PRIOR TO COVID 19 PAN DEMIC, WE HOSTED ONE ELNEC SEMINAR, 1 QOL SEMINAR AND ONE COMMUNITY HOSPICE EDUCATIONAL SE MINAR, TRAINING APPROXIMATELY 125-150 MEDICAL PROVIDERS IN PRIMARY HOSPICE AND PALLIATIVE MEDICINE.- COMMUNITY PROVIDER EDUCATION HAPPENS TWICE A MONTH THROUGH ST. JUDE'S COMBINED FELLOWSHIP PROGRAM BOARD REVIEW SERIES. EACH SESSION AVERAGES 10 ATTENDEES RANGING FROM GR ADUATE STUDENTS TO MEDICAL STUDENTS TO ADVANCED CLINICIANS. THESE EVENTS HAVE CONTINUED VI RTUALLY SINCE MARCH 2020.- VIRTUAL LEARNING EVENTS WITH AFFILIATE PARTNERS HOSTED TWICE.PE DIATRIC HEALTH NEED:SERVICES AND RESOURCES FOR CAREGIVERSHEALTH FACILITIES INVOLVED:ST. JU DE CHILDREN'S RESEARCH HOSPITAL, MEMPHIS; IHOPE NETWORK, MASSACHUSETTSANTICIPATED OUTCOME: - REDUCE TIME FROM REFERRAL TO FIRST APPOINTMENT FOR PRIMARY CAREGIVERS WHO HAVE NO ACCES S TO MENTAL HEALTH SERVICES.- INCREASE NUMBER OF PRIMARY CAREGIVERS WITH ACCESS TO MENTAL HEALTH SERVICES THROUGH TELE-MENTAL HEALTH.- TO PROVIDE SERVICES IN A LOCATION CONVENIENT TO THE PRIMARY CAREGIVER WITHOUT REQUIRING TRAVEL OR EXTENDED TIME AWAY FROM THE PATIENT.- TO FOSTER A BETTER ABILITY OF PARENTS AND CAREGIVERS TO ASSIST IN THE CARE OF THEIR CHILD BY PROVIDING ACCESS TO MENTAL HEALTH CARE.ACTION ITEMS TO MEET IDENTIFIED HEALTH NEED:1. DEVELOP AN INSTITUTIONAL PARENT MENTAL HEALTH TASK FORCE WITH REPRESENTATION FROM RELEVANT SERVICES.2. INTRODUCE NINA ANTONIOTTI, DIRECTOR OF INTEROPERABILITY AND PATIENT ENGAGEMEN T, TO THE TELEHEALTH SUBCOMMITTEE OF THE PARENT MENTAL HEALTH TASK FORCE.3. DEVELOP CRITER IA FOR TELE-MENTAL HEALTH AND OUTCOMES OF THE PROGRAM.4. WRITE AN RFP, INCLUDING FEEDBACK FROM DEPARTMENT OF PSYCHOLOGY AND SOCIAL WORK.5. SEND OUT REQUEST FOR PROPOSALS, TO BE RET URNED BY MAY 28, 2019.6. SELECTION OF COMPANIES FOR ONSITE DEMONSTRATIONS WITH SUBCOMMITTEE.7. SELECTION OF FINAL TELE-MENTAL HEALTH COMPANY.8. REVIEW OF ARCADIAN TELEPSYCHIATRY SE RVICE AGREEMENT BY ST. JUDE LEGAL SERVICES.9. BEGIN WORKFLOW DOCUMENTATION FOR REFERRALS, INCLUDING PROCESS FOR CAREGIVE</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ACTION ITEMS TO MEET IDENTIFIED HEALTH NEED:	<p>RS HAVING PRESCRIPTIONS FILLED AT THE ST. JUDE PHARMACY. SELECTED ACCOMPLISHMENTS: - CHANGED TELE-MENTAL HEALTH PROVIDER TO IHOPE RESULTING IN MORE AVAILABLE CLINICIANS AND BETTER REFERRAL PROCESS. - REFERRED 46 PATIENTS AND CAREGIVERS FOR SERVICES TO THE TELE-MENTAL HEALTH PROVIDER. - CREATED AN AUTOMATED PROCESS FOR IHOPE REFERRALS TO BE NOTED AND TRACKED IN SHAREPOINT FOR PRESCRIPTION AUTHORIZATION AND PAYMENT OF INVOICES. - HAVE PERFORMANCE MANAGEMENT PROCESS IN PLACE BETWEEN TELEHEALTH, PSYCHOSOCIAL SERVICES, AND IHOPE TO TRACK REFERRALS AND OUTCOMES. - DECREASED TIME FROM REFERRAL TO FIRST APPOINTMENT FOR CAREGIVERS FOR TELE-MENTAL HEALTH - SOMETIMES AS LITTLE AS ONE DAY. AIM #2 IMPROVING COORDINATION OF CARE PEDIATRIC HEALTH NEED: TRANSITION OF PATIENTS FROM PEDIATRIC TO ADULT HEALTHCARE - SICKLE CELL HEALTH FACILITIES INVOLVED: ST. JUDE CHILDREN'S RESEARCH HOSPITAL, DEPARTMENT OF HEMATOLOGY, CLINICAL HEMATOLOGY DIVISION, DIGGS-KRAUS SICKLE CELL CENTER AT REGIONAL ONE HEALTH, METHODIST HEALTHCARE COMPREHENSIVE SICKLE CELL CENTER (MCSCC) ANTICIPATED OUTCOME: - INCREASE THE NUMBER OF PATIENTS WITH SICKLE CELL DISEASE WHO ESTABLISH SUSTAINED ADULT CARE AFTER LEAVING PEDIATRIC CARE AT ST. JUDE. ACTION ITEMS TO MEET IDENTIFIED HEALTH NEED: 1. CONTINUE TO WORK WITH ADULT SICKLE CELL CENTERS IN THE COMMUNITY TO ENHANCE A SEAMLESS TRANSITION FROM PEDIATRIC CARE. 2. ENHANCE ADOLESCENT AND YOUNG ADULTS (AYA) TRANSITION CLINICS WITH CO-LOCATION OF PEDIATRIC AND ADULT HEMATOLOGY PROVIDERS. 3. AUGMENT FORMAL PROGRAMMING AND PLANNING PROCESSES FOR ADOLESCENTS WITH HEMATOLOGIC AND ONCOLOGIC DISEASES, THROUGH DEVELOPMENT OF DISEASE EDUCATIONAL CURRICULUM, TRAINING MODULES AND WEBSITE TO FOSTER INCREASED ADOLESCENT AUTONOMY AND MEDICAL LITERACY. 4. RECRUIT FOR NEW SICKLE CELL FELLOWSHIP.</p>

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Form and Line Reference	Explanation
SELECTED ACCOMPLISHMENTS:	<p>- RECRUITMENT OF TWO NEW ADULT HEMATOLOGISTS WHO WILL WORK AT ST. JUDE IN THE ADOLESCENT C LINIC AND WILL BE PART OF THE TRANSITION TO ADULT CARE PROGRAM.- WE FINALIZED THE VIRTUAL REALITY MODULE TO TEACH PATIENTS THE BASIC TRANSITION SKILLS IN ADULT CARE (APPOINTMENT SCHEDULING, MEDICATION REFILL, AND INSURANCE BENEFITS). THIS PROGRAM WILL LAUNCH THIS MONTH. - WE WILL BRING THE FIRST APPLICANT TO THE COMBINED PEDS-ADULT SICKLE CELL FELLOWSHIP TO INTERVIEW. THIS FELLOW WILL START FELLOWSHIP IN JULY 2021 AND WILL WORK AT BOTH ST. JUDE AND THE ADULT PARTNER HOSPITALS IN MEMPHIS.- ONE OF OUR PEDS HEME/ONC FELLOWS WHO STARTED THIS PAST JULY IS ALSO DOING A COMBINED PEDS-ADULT FELLOWSHIP. IN JULY 2021 HE WILL SPEND ON ENTIRE YEAR IN THE ADULT HOSPITALS AND WILL THEN RETURN TO ST. JUDE FOR AN ADDITIONAL 2 YEARS OF FELLOWSHIP.*NUMBERS 1, 3, AND 4 SUBSTANTIALLY INCREASE THE WORKFORCE IN SICKLE CELL DISEASE, ESPECIALLY BY PROVIDING MORE CLINICIANS WHO ARE ABLE TO CROSS THE BRIDGE BETWEEN PEDIATRIC AND ADULT CARE IN SICKLE CELL DISEASE.PEDIATRIC HEALTH NEED:TRANSITION OF PATIENTS FROM PEDIATRIC TO ADULT HEALTHCARE - CANCER SURVIVORSHIP FACILITIES INVOLVED: ST. JUDE CHILDREN'S RESEARCH HOSPITAL, ONCOLOGY DIVISION, CANCER SURVIVORSHIP DEPARTMENT ANTICIPATED OUTCOME:- PROVIDE CANCER SURVIVORSHIP INFORMATION TO BOTH CAREGIVERS AND SURVIVORS AND THEIR HEALTH CARE PROFESSIONALS VIA AFTER COMPLETION OF THERAPY AND ST. JUDE LIFE PROGRAM SERVICES AND RESOURCES. ACTION ITEMS TO MEET IDENTIFIED HEALTH NEED:1. PROVIDE WORKSHOPS AND SPEAKERS THAT OFFER INFORMATION ABOUT AVAILABLE RESOURCES.2. GIVE SURVIVORS AND THEIR FAMILIES THE OPPORTUNITY TO LEARN FROM OTHER SURVIVORS.3. ENSURE THAT SURVIVORS UNDERSTAND HOW TO APPROACH HEALTHCARE POST- TREATMENT.4. OFFER AN ONLINE RESOURCE FOR CONTINUOUS FLOW OF SURVIVORSHIP INFORMATION (TOGETHER).5. ASSESS LATE EFFECTS OF CANCER THERAPY ON PEDIATRIC CANCER SURVIVORS.6. USE INFORMATION FROM THESE STUDIES TO DEFINE RISK GROUPS FOR VARIOUS LATE EFFECTS AND ASSESS INTERVENTION.SELECTED ACCOMPLISHMENTS: LECTURES/WORKSHOPS PROVIDED BY MELISSA M. HUDSON:- 2ND INTERNATIONAL SYMPOSIUM ON BIOLOGY, PREVENTION, AND TREATMENT OF TOXICITIES AFTER TRANSPLANTATION AND CELLULAR THERAPY, "CHRONIC DISEASE BURDEN IN SURVIVORS OF CHILDHOOD HCT", MEMORIAL SLOAN KETTERING, NEW YORK, OCTOBER 11TH, 2019.- CHILDHOOD CANCER INTERNATIONAL COVID IMPACT FOR NGOS, PARENTS AND SURVIVORS WEBINAR, "SURVIVORSHIP ISSUES", JUNE 4, 2020.LECTURES/WORKSHOPS PROVIDED BY MATTHEW EHRHARDT:- LATE EFFECTS OF CHILDHOOD CANCER: THE COST OF CURE. PEDIATRIC ONCOLOGY EDUCATION (POE) PROGRAM, LUNC H AND LEARN SERIES, ST. JUDE CHILDREN'S RESEARCH HOSPITAL, MEMPHIS, TN, JULY 2019.- UPDATES IN LATE-ONSET CARDIOMYOPATHY IN SURVIVORS OF CHILDHOOD CANCER. LLH/BMTCT CONFERENCE, ST. JUDE CHILDREN'S RESEARCH HOSPITAL, MEMPHIS, TN, DECEMBER 2019 (FACULTY MENTOR).LECTURES/WORKSHOPS PROVIDED BY STEPHANIE DIXON:- UPDATES IN LATE-ONSET CARDIOMYOPATHY IN SURVIVORS OF CHILDHOOD CANCER. LLH/BMTCT</p>

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SELECTED ACCOMPLISHMENTS:	<p>CONFERENCE. 12-3-2019.- UPDATES IN LATE-ONSET CARDIAC DYSFUNCTION IN SURVIVORS OF CHILDHOOD CANCER. CTRSTC CONFERENCE. 01-24-2020.PEDIATRIC HEALTH NEED:OUTPATIENT CARE EXPERIENCE - TRANSITION OF CARE FROM SPECIALTY TO PRIMARY CARE PROVIDERS HEALTH FACILITIES INVOLVED: S T. JUDE CHILDREN'S RESEARCH HOSPITAL, TRANSITION ONCOLOGY PROGRAM (TOP), COMMUNITY PRIMARY CARE PROVIDERS ANTICIPATED OUTCOME: - AT THE COMPLETION OF CANCER-DIRECTED THERAPY, PATIENTS WILL HAVE ESTABLISHED A PRIMARY CARE PROVIDER IN THEIR LOCAL COMMUNITY.- AT THE COMPLETION OF CANCER-DIRECTED THERAPY, TOP TEAM WILL SEND THE PATIENT'S ONCOLOGY TREATMENT SUMMARY TO THEIR IDENTIFIED PRIMARY CARE PROVIDER. ACTION ITEMS TO MEET IDENTIFIED HEALTH NEED: 1. DEVELOP MATERIALS TO EDUCATE PATIENTS ON THE PROCESS OF FINDING A PRIMARY CARE PROVIDER IN THEIR COMMUNITY WHO ACCEPTS THEIR HEALTH INSURANCE.2. WORK WITH HIMS/CLINICAL INFORMATICS TO REVIEW STATISTICS/REPORTS RE: "FAMILY PHYSICIAN" FIELD IN EMR.3. DEVELOP PROCESS FOR CAPTURING OUTCOMES RELATED TO PRIMARY CARE PROVIDER IDENTIFICATION.4. INCREASE THE PERCENTAGE OF ONCOLOGY TREATMENT SUMMARIES SENT TO PRIMARY CARE PROVIDERS WITHIN TWO WEEKS OF THERAPY COMPLETION.</p>

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SELECTED ACCOMPLISHMENTS:	<p>- BETWEEN 12/1/2018 - 6/30/2020, 82% OF TOP PATIENTS HAD ESTABLISHED A PRIMARY CARE PROVIDER IN THEIR LOCAL COMMUNITY AT THE COMPLETION OF THEIR CANCER-DIRECTED THERAPY.- AT THE COMPLETION OF TREATMENT, AN ONCOLOGY TREATMENT SUMMARY IS SENT TO THE PARENT/LEGAL GUARDIAN AND THE LOCAL PRIMARY CARE PROVIDER, IF IDENTIFIED. THE SUMMARIES ARE NOW AVAILABLE (AS OF MARCH 2020) IN THE MY ST. JUDE PATIENT PORTAL, EASILY ACCESSIBLE BY THE PARENT/LEGAL GUARDIAN AT TIME OF ANY MEDICAL VISIT. ADHERENCE TO THE TIME GOAL FOR COMPLETING SUMMARIES HAS NOT YET BEEN MEASURED.- DEVELOPED A NEW EDUCATIONAL HANDOUT TO EXPLAIN HOW TO FIND A PRIMARY OR SPECIALTY CARE HEALTH CARE PROVIDER IN THEIR LOCAL COMMUNITY WHO ACCEPTS THEIR HEALTH INSURANCE.- 80% OF TOP PATIENTS WHO WERE RECOMMENDED TO CONTINUE REHABILITATION SERVICES AFTER COMPLETION OF THEIR CANCER THERAPY SUCCESSFULLY ESTABLISHED SERVICES IN THEIR LOCAL COMMUNITY.- INCORPORATED THE TRANSITION READINESS ASSESSMENT QUESTIONNAIRE (TRAQ) INTO THEIR TOP VISITS (AT LEAST YEARLY) FOR ADOLESCENTS/YOUNG ADULTS AGE 16 YEARS. TRAQ ASSESSES COMPONENTS OF HEALTH LITERACY AND READINESS FOR TRANSITION INTO THE ADULT HEALTHCARE SYSTEM .- PARTICIPATED IN THE DEVELOPMENT OF NEW PROCESSES TO IDENTIFY PATIENTS WHO MAY BE ELIGIBLE TO TRANSITION THEIR ST. JUDE SPECIALTY CARE (E.G. CARDIOLOGIST) TO A SPECIALIST IN THEIR LOCAL COMMUNITY.- ALL TOP TEAM MEMBERS TRAINED TO CONDUCT TELEHEALTH VISITS.- COMPLETED FORMAL 18-MONTH PROGRAM EVALUATION OF TOP SERVICES WITH CLINICAL DIRECTOR'S OFFICE AND STRATEGIC PLANNING OFFICE.- DEVELOPED A TOP STRATEGIC PLAN TO GUIDE GOALS AND ACTION ITEMS THROUGH FY22.PEDIATRIC HEALTH NEED:OUTPATIENT CARE EXPERIENCE - PHYSICIAN COORDINATION OF CAREHEALTH FACILITIES INVOLVED: ST. JUDE CHILDREN'S RESEARCH HOSPITAL, ST. JUDE AFFILIATE INSTITUTIONS, ALL DOMESTIC AND INTERNATIONAL REFERRING CLINICIANS AND CENTERSANTICIPATED OUTCOME:- IMPROVE CONTINUITY OF CARE BY ENHANCING COMMUNICATION TOOLS AND EFFORTS TO PROVIDE PHYSICIANS WITH UNPARALLELED ACCESS TO PATIENT INFORMATION.ACTION ITEMS TO MEET IDENTIFIED HEALTH NEED:1. CONTINUE TO IMPROVE THE CLINICIAN PORTAL TO PERMIT REFERRING AND AFFILIATED PHYSICIANS' CONVENIENT ACCESS TO PATIENT INFORMATION, IN ACCORDANCE WITH APPLICABLE LAW. SELECTED ACCOMPLISHMENTS: - THERE HAVE BEEN NO NEW ACTIONS RELATED TO THE EXTERNAL CLINICIAN PORTAL INITIATIVE SINCE THE INITIAL PILOT GROUP TESTING RESULTED IN CONCERNS ABOUT MANAGING ACCESS AND PERMISSIONS FOR OUTSIDE PROVIDERS. ST. JUDE HAS NOW TRANSITIONED EFFORTS TO FOCUS ON OTHER HIGH PRIORITY INTERNAL SYSTEMS ENHANCEMENTS (E.G. AMION, PATIENT TOUCH, ETC.) AND AN EXPLORATION OF A NEW EMR SYSTEM. GIVEN THIS NEW DIRECTION, IT IS NOT LIKELY THAT ANY ACTIVITY WILL RESUME ON THE EXTERNAL CLINICIAN PORTAL AS PREVIOUSLY DESIGNED. THE COVID-19 PANDEMIC DID NOT IMPACT THIS SITUATION WITH THE PORTAL. THE INSTITUTION SHIFTED PRIORITIES DUE TO BUSINESS NEEDS. HOWEVER, THE COVID- 19 PANDEMIC HAS CREATED MORE OPPORTUNITIES TO ENGAGE WITH PROVIDERS</p>

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Form and Line Reference	Explanation
SELECTED ACCOMPLISHMENTS:	<p>TO IDENTIFY ALTERNATIVE CARE OPTIONS FOR PATIENTS AT HOME WITH AREA PROVIDERS OR VIA TELEH EALTH DUE TO TRAVEL LIMITATIONS AND INSTITUTIONAL RESTRICTIONS FOR ON CAMPUS PATIENT POPUL ATIONS.- THE SCOPE OF THE MILLI MESSAGE CENTER PROJECT HAS BEEN SCALED BACK, AND THE NEW F UNCTIONALITY WILL PRIMARILY BE FOCUSED ON DELIVERY OF SELECTED SJ LAB RESULTS TO PROVIDERS BASED ON THEIR PERSONAL PREFERENCES ("RESULTS FYI").- THE AFFILIATE PATIENT NAVIGATOR PRO GRAM WAS DEVELOPED TO ADDRESS GAPS IN COORDINATION OF PATIENT CARE AND COMMUNICATION FOR P ATIENTS AND FAMILIES MOVING FROM OUR ACADEMIC PEDIATRIC CANCER CENTER TO PEDIATRIC ONCOLOG Y AFFILIATE CLINICS IN THEIR HOME COMMUNITIES. IT WAS USED FOR APPROXIMATELY 80% OF ALL PA TIENT TRANSITIONS. COMMUNICATION IMPROVED AMONG PATIENTS AND PROVIDERS, AND PROVIDERS REPO RTED IMPROVED COORDINATION OF CARE BETWEEN SITES. THE NONCLINICAL PATIENT NAVIGATOR FOSTER ED A CULTURE OF UNDERSTANDING FOR PATIENTS AND FAMILIES TRANSITIONING BETWEEN MULTIPLE HEA LTH CARE FACILITIES IN OUR PEDIATRIC ONCOLOGY AFFILIATE NETWORK.AIM #3 IMPROVING CHILD HEA LTH STATUSPEDIATRIC HEALTH NEED:COMMUNITY HEALTH EDUCATIONHEALTH FACILITIES INVOLVED:ST. J UDE CHILDREN'S RESEARCH HOSPITAL, COMMUNICATIONS & PUBLIC RELATIONS DEPARTMENTANTICIPATED OUTCOME:- INCREASE THE NUMBER OF RADIO EDUCATION SPOTS, ARTICLES AND SOCIAL MEDIA REGARDIN G HEALTH CARE RESOURCES AND HEALTH CARE CAREERS ANNUALLY.ACTION ITEMS TO MEET IDENTIFIED H EALTH NEED:1. ST. JUDE PROFESSIONALS WILL PROVIDE INFORMATION AND RESOURCES ABOUT SICKLE C ELL DISEASE, HIV, CANCER, FLU, AND OTHER PEDIATRIC LIFE- THREATENING DISEASES.2. OFFER EDU CATIONAL OPPORTUNITIES AND OTHER INFORMATION ABOUT HEALTH CARE CAREERS.SELECTED ACCOMPLISH MENTS:- TOGETHER WEBSITE: TOGETHER IS AN ONLINE RESOURCE BY ST. JUDE CHILDREN'S RESEARCH H OSPITAL THAT OFFERS DEPENDABLE INFORMATION AND A COMMUNITY OF SUPPORT FOR ANYONE FACING CH ILDHOOD CANCER. THIS SITE PROVIDES RELIABLE MEDICAL EXPLANATIONS AND CLINICAL CARE INFO IN EASY-TO-UNDERSTAND LAY TERMS. THE SITE'S SOLE PURPOSE IS TO PROVIDE ACCURATE EDUCATIONAL INFORMATION ON CHILDHOOD CANCER TO PATIENTS AND THEIR FAMILIES ANYWHERE IN THE WORLD.- PRO MISE MAGAZINE, PRINT AND DIGITAL: ST. JUDE PUBLISHED 17 ARTICLES IN PROMISE THIS YEAR WITH EDUCATIONAL INFORMATION ON HIV/AIDS, GENERAL CHILDHOOD CANCER AND HEALTH RESOURCES, AND C HILDHOOD CANCER SURVIVORSHIP.- PROGRESS BLOG POSTS: ST. JUDE PUBLISHED MORE THAN 20 ARTICL ES IN PROGRESS THIS YEAR WITH EDUCATIONAL INFORMATION ON COVID-19, SICKLE CELL DISEASE, FL U, HIV/AIDS, HEALTH CARE CAREERS, GENERAL CHILDHOOD CANCER AND HEALTH RESOURCES, AND CHIL DHOOD CANCER SURVIVORSHIP.- PUBLIC SERVICE ANNOUNCEMENTS: ST. JUDE AIRED RADIO PSAS ON LOCA L MEMPHIS STATIONS WLOK RADIO FM 104.9 AND 1340 AM 52 TIMES THIS YEAR. THE PSAS WERE ON HI V/AIDS, HPV VACCINATION, AND SICKLE CELL DISEASE.- SOCIAL MEDIA POSTS: ST. JUDE POSTED MOR E THAN 130 MESSAGES IN FY20 ON ITS FACEBOOK, TWITTER, INSTAGRAM AND LINKEDIN ACCOUNTS ABOUT CHILDHOOD CANCER, SICKLE CEL</p>

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Form and Line Reference	Explanation
SELECTED ACCOMPLISHMENTS:	L DISEASE, HIV/AIDS, FLU, HPV VACCINATION, AND HEALTH CARE CAREERS.- STJUDE.ORG STORIES: S T. JUDE PUBLISHED 20 EDUCATIONAL STORIES ON STJUDE.ORG THIS YEAR, SHARING INFORMATION ABOU T SICKLE CELL DISEASE, HPV VACCINATION, HEALTH CARE CAREERS, GENERAL CHILDHOOD CANCER AND HEALTH RESOURCES, SURVIVOR CARE AND COVID-19 RESOURCES.- EARNED NEWS MEDIA STORIES: BECAUS E ALL MEDIA OUTLETS HAVE AN ACCOMPANYING WEBSITE WHERE THEY ALSO SHARE THEIR NEWS (AND MAN Y ARE ONLINE ONLY NOW), OUR LOCAL COMMUNITY CAN ACCESS EDUCATIONAL NEWS STORIES FROM AROUN D THE WORLD. THIS YEAR, THE ST. JUDE MEDIA RELATIONS TEAM EARNED MORE THAN 300 NEWS STORIE S IN VARIOUS MEDIA OUTLETS AVAILABLE TO OUR COMMUNITY ABOUT THE FOLLOWING EDUCATIONAL TOPI CS:-- THE IMPORTANCE OF FLU VACCINATION-- THE IMPORTANCE OF HPV VACCINATION-- COVID-19 RES OURCES, SUCH AS HOW THE VIRUS SPREADS, SIGNS AND SYMPTOMS, PROPER HANDWASHING, MASK-WEARIN G, SOCIAL DISTANCING, DISCUSSING THE VIRUS WITH CHILDREN, AND MORE-- SICKLE CELL DISEASE I NFO AND RESOURCES-- HIV/AIDS INFO AND RESOURCES-- HEALTH CARE CAREERS-- GENERAL CHILDHOOD CANCER AND HEALTH RESOURCES, INCLUDING SURVIVOR CARE

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Form and Line Reference	Explanation
PEDIATRIC HEALTH NEED:	<p>PREVENTING VIRUS-ASSOCIATED CANCERS THROUGH INCREASED HPV VACCINATIONHEALTH FACILITIES INV OLVED:ST. JUDE CHILDREN'S RESEARCH HOSPITAL, COMPREHENSIVE CANCER CENTERANTICIPATED OUTCOM E:- ONBOARDING OF NEW DIRECTOR, PREVENTING VIRUS-ASSOCIATED CANCERS THROUGH INCREASED HPV VACCINATION.ACTION ITEMS TO MEET IDENTIFIED HEALTH NEED:1. LAUNCH SEARCH COMMITTEE, DEVELO P AND EVALUATE CANDIDATES, HIRE AND ONBOARD A NEW FACULTY DIRECTOR FOR THE HPV CANCER PREV ENTION INITIATIVE.2. CONTINUE AND/OR STRENGTHEN PARTNERSHIPS WITH OTHERS IN THE HPV VACCIN ATION SPACE (E.G. NATIONAL HPV VACCINATION ROUNDTABLE, HPV CANCER FREE TENNESSEE) THROUGH ACTIVE PARTICIPATION IN COMMITTEES AND MEETINGS.SELECTED ACCOMPLISHMENTS:- THE ST. JUDE TE AM FORMED A FACULTY SEARCH COMMITTEE, LED BY DR. MELISSA HUDSON OF THE DEPARTMENT OF ONCOL OGY, TO CONDUCT A NATIONAL SEARCH AND RECRUITMENT EFFORT FOR THE FACULTY DIRECTOR OF THE H PV CANCER PREVENTION INITIATIVE:-- A NATIONAL SEARCH AND RECRUITMENT EFFORT WAS CONDUCTED AND FIVE CANDIDATES WERE SELECTED FOR ON-CAMPUS INTERVIEWS, INCLUDING FORMAL PRESENTATIONS OF THEIR WORK, AND EVALUATED BY THE SEARCH COMMITTEE. TWO LEADING CANDIDATES WERE INVITED FOR SECOND INTERVIEWS INCLUDING CHALK TALKS OUTLINING THEIR FUTURE VISION FOR THE PROGRAM . DR. HEATHER BRANDT, AN INTERNATIONALLY RECOGNIZED BEHAVIORAL AND IMPLEMENTATION SCIENTIS T FROM THE UNIVERSITY OF SOUTH CAROLINA, ARNOLD SCHOOL OF PUBLIC HEALTH, WAS SELECTED AS T HE TOP CANDIDATE AND AN OFFER WAS EXTENDED (MAY-DECEMBER 2019).-- DR. BRANDT WAS HIRED AS THE DIRECTOR OF THE NEW HPV CANCER PREVENTION PROGRAM AS A FULL MEMBER OF THE ST. JUDE FAC ULTY. UPON HER HIRE, THE INITIATIVE WAS FORMALLY NAMED AS THE ST. JUDE HPV CANCER PREVENTI ON PROGRAM. SHE STARTED ON JULY 20, 2020. ONBOARDING OF DR. BRANDT BEGAN IMMEDIATELY AND C ONTINUES (JULY 2020-PRESENT).- ST. JUDE TEAM MEMBERS CONTINUED TO STRENGTHEN NATIONAL AND REGIONAL PARTNERSHIPS WITH KEY COALITIONS, COMMITTEES, GROUPS AND STAKEHOLDERS. FOR EXAMPL E:-- DR. HUDSON AND MELISSA JONES PARTICIPATED ACTIVELY IN THE NATIONAL HPV VACCINATION RO UNDTABLE ON THE INTEGRATED DELIVERY SYSTEMS TASK GROUP (HUDSON) AND STATE COALITIONS AND R OUNDTABLES TASK GROUP (JONES) (JULY 2019-JUNE 2020).-- MS. JONES ASSISTED WITH PLANNING TH E HPV CANCER FREE TENNESSEE COALITION MEETING IN NOVEMBER 7, 2019. ON JANUARY 14, 2020, ST. JUDE HOSTED THE WEST TENNESSEE CHAPTER MEETING FOR THE HPV CANCER FREE TENNESSEE COALITI ON.-- BY INVITATION FROM DR. MICHELLE FISCUS, MEDICAL DIRECTOR OF THE TENNESSEE IMMUNIZATI ON PROGRAM, MS. JONES AND ROBERT CLARK REPRESENTED ST. JUDE AT THE INAUGURAL CONVENING OF TENNESSEE'S NEW STATEWIDE IMMUNIZATION COALITION, IMMUNIZE TN!, ON APRIL 5, 2019 IN NASHVI LLE, TN.- ST. JUDE'S FOCUS ON HPV VACCINATION WAS RECOGNIZED IN PROMISE MAGAZINE IN AUTUMN 2019. (HTTPS://WWW.STJUDE.ORG/ABOUT-ST-JUDE/STORIES/PROMISE-MAGAZINE/AUTUMN-2019/BLUE-SKY -PROJECTS-ACCELERATE-PROGRESS.HTML).- ST. JUDE TEAM MEMBERS, DR.S. KARI BJORNARD, MELISSA H UDSON, AND KATHERINE KNAPP, PR</p>

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PEDIATRIC HEALTH NEED:	<p>PRESENTED "CANCER PREVENTION THROUGH HPV VACCINATION: THE ST. JUDE HPV INITIATIVE" AT ST. JUDE GRAND ROUNDS ON DECEMBER 12, 2019.- ST. JUDE TEAM MEMBERS PUBLISHED ON HPV VACCINE-RELATED RESEARCH BEING CONDUCTED AMONG CHILDHOOD CANCER PATIENTS AND SURVIVORS. CITATIONS FOR PUBLICATIONS IN PEER-REVIEWED JOURNALS ARE PROVIDED HERE WITH ST. JUDE TEAM MEMBERS INDICATED BY [BRACKETS]. CHERVEN B, CASTELLINO SM, CHEN Y, WONG FL, YORK JM, WASILEWSKI-MASKER K, [HUDSON MM], BHATIA S, [KLOSKY JL], LANDIER W. INTENT AND SUBSEQUENT INITIATION OF HUMAN PAPILLOMAVIRUS VACCINE AMONG YOUNG CANCER SURVIVORS. CANCER. 2019 NOV 1;125(21):3810-3817. DOI: 10.1002/CNCR.32379. EPUB 2019 JUL 10. PMID: 31291010; PMCID: PMC7427343. LINK TO ABSTRACT: HTTPS://PUBMED.NCBI.NLM.NIH.GOV/31291010/[HARDIN RN], [RUSSELL KM], [FLYNN JS], [GAMMEL HL], [EDDINGER JR], [SCHENCK LA], [KLOSKY JL]. FACTORS ASSOCIATED WITH INTENTION OF HUMAN PAPILLOMAVIRUS (HPV) VACCINE INITIATION AMONG FEMALES WITH AND WITHOUT A HISTORY OF CHILDHOOD CANCER. J CLIN PSYCHOL MED SETTINGS. 2019 OCT 5. DOI: 10.1007/S10880-019-09664-W. EPUB AHEAD OF PRINT. PMID: 31587132. LINK TO ABSTRACT: HTTPS://PUBMED.NCBI.NLM.NIH.GOV/31587132/YORK JM, KLOSKY JL, CHEN Y, CONNELLY JA, WASILEWSKI-MASKER K. LEADERSHIP AND ENGAGEMENT IN HPV TASK FORCE. GIULIANO AR, [ROBISON LL], WONG FL, [HUDSON MM], BHATIA S, LANDIER R W. PATIENT-LEVEL FACTORS ASSOCIATED WITH LACK OF HEALTH CARE PROVIDER RECOMMENDATION FOR THE HUMAN PAPILLOMAVIRUS VACCINE AMONG YOUNG CANCER SURVIVORS. J CLIN ONCOL. 2020 SEP 1;38(25):2892-2901. DOI: 10.1200/JCO.19.02026. EPUB 2020 JUN 18. PMID: 32552278; PMCID: PMC7460153. LINK TO ABSTRACT: HTTPS://PUBMED.NCBI.NLM.NIH.GOV/32552278/</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PEDIATRIC HEALTH NEED:	<p>HIV COLLABORATION WITH COMMUNITY COALITIONHEALTH FACILITIES INVOLVED:ST. JUDE CHILDREN'S R ESEARCH HOSPITAL, HIV CLINICAL PROGRAM - CONNECT TO PROTECT COMMUNITY COALITIONANTICIPATED OUTCOME:- REDUCE HIV/AIDS INFECTION RATES THROUGH COLLABORATION AMONG COMMUNITY LEADERS A ND HEALTH RESEARCHERS.- DEVELOP STRONG HIV PREVENTION PROGRAMS, COMBINED WITH COMMUNITY AC TION, THAT REDUCE YOUTH HIV INFECTION RATES.ACTION ITEMS TO MEET IDENTIFIED HEALTH NEED:1. FORGE ACTION-ORIENTED PARTNERSHIPS BETWEEN HEALTH RESEARCHERS AND COMMUNITY MEMBERS.2. LI NK YOUTH TO CONFIDENTIAL HIV TESTING, COUNSELING SERVICES AND SPECIALIZED YOUTH CARE.3. ST RENGTHEN SERVICES THAT SUPPORT YOUNG PEOPLE WITH HIV AND RELATED MEDICAL AND SOCIAL PROBLE MS.4. FOCUS PREVENTION STRATEGIES WHERE SOCIAL DETERMINANTS OF HEALTH EXISTS, AND HELP IS MOST NEEDED.SELECTED ACCOMPLISHMENTS:- CLINICIANS AND LINKAGE TO CARE COORDINATORS COLLABO RATED WITH METHODIST LE BONHEUR COMMUNITY HIV NETWORK TO REDUCE TIME TO 1ST MEDICAL CARE A PPOINTMENT TO LESS THAN 7 DAYS AFTER RECEIVING A NEW HIV DIAGNOSIS.- HIV STAFF CONDUCTED S IXTY-FIVE 1.5 HOUR COMMUNITY EDUCATIONAL PRESENTATIONS IN FY20 REACHING APPROXIMATELY 6,10 0 PEOPLE, INCLUDING YOUTH AND YOUNG ADULTS, PARENTS, EDUCATORS, CLINICIANS & FAITH-BASED L EADERS. TOPICS FOCUSED ON THE FOLLOWING: HIV 101, ENDING THE HIV EPIDEMIC, EFFICACY OF THE LONG-ACTING INJECTABLE AGENT CABOTEGRAVIR (CAB LA) FOR PREP, PHYSICIANS ROUNDTABLE TO INC REASE PREP UPTAKE, EFFICACY STUDY OF HIV VACCINE, MENTAL HEALTH HYGIENE, INTERNALIZED HIV STIGMA, EFFECTIVE PRACTICES FOR YOUTH LINKAGE AND RETENTION IN HIV CARE, AND YOUTH HIV/AIDS AWARENESS.- STAFF PARTNERED WITH THE UNIVERSITY OF MEMPHIS AND THE HEADLINERS YOUTH COMM UNITY ADVISORY BOARD TO IMPLEMENT SNAPOUT STIGMA, A PHOTOVOICE INTERVENTION, THAT ALLOWED (35) YOUTH AND YOUNG ADULT PEOPLE LIVING WITH HIV TO CAPTURE PICTURES DEPICTING INTERNALIZ ED HIV RELATED STIGMA.- STAFF COORDINATED AND HOSTED MEETINGS FOR THE 25 MEMBER CONNECT TO PROTECT (C2P) COMMUNITY COALITION 20 (5 FACE-TO-FACE, 15 VIRTUAL) TIMES IN FY20. OUTCOMES OF THE COALITION INCLUDE THE FOLLOWING: SERVED AS THE COORDINATING CENTER FOR ENDING THE HIV EPIDEMIC (EHE) IN MEMPHIS PLANS. THIS RESULTED IN THE COALITION ESTABLISHING GUIDING P RINCIPLES, GOALS AND 65 DRAFT OBJECTIVES FOR THE EHE PLAN.- HIV PROGRAM STAFF CONTINUED TO PARTNER WITH UNIVERSITY OF MEMPHIS, SCHOOL OF PUBLIC HEALTH TO IMPLEMENT WHOLEYOUNIVERSIT Y, A SOCIAL DETERMINANTS OF HEALTH FOCUSED EDUCATIONAL PROGRAM THAT FOCUSES ON FINANCIAL L ITERACY, PHYSICAL HEALTH, MENTAL HEALTH HYGIENE, AND HIV STIGMA. THERE WERE 100 ATTENDEES OVER 3 SESSIONS IN FY20.- STAFF DEVELOPED A PERSONALIZED PLAN FOR RETENTION AND TRANSITION TO ADULT CARE FOR YOUTH PROGRAM THAT FOCUSED ON SKILLS BUILDING AND ADULT MEDICAL CARE FA CILITY NAVIGATION. THIS ALSO IMPROVED BI-DIRECTIONAL COMMUNICATION WITH PATIENTS AND PROVI DERS AND SUCCESSFULLY LED TO 18 YOUTH TRANSITIONING TO ADULT CARE FACILITIES WITH NO GAPS IN SERVICE.- ST. JUDE HIV LINK</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PEDIATRIC HEALTH NEED:	<p>AGE TO CARE STAFF WORKED COLLABORATIVELY WITH THE SHELBY COUNTY HEALTH DEPARTMENT AND OTHER COMMUNITY AGENCIES TO SUCCESSFULLY AND CONFIDENTIALLY LINK 113 NEWLY DIAGNOSED HIV+ YOUTH TO MEDICAL CARE. THIRTY-NINE (39) OF THOSE PATIENTS WERE LINKED TO CARE AT ST. JUDE FOR ADOLESCENT AND YOUTH HIV SPECIALIZED CARE AND SERVICES. THE PATIENTS WERE OFFERED A MEDICAL APPOINTMENT WITHIN 5 BUSINESS DAYS, AND 90% OF THE PATIENTS WERE LINKED TO CARE WITHIN 5 BUSINESS DAYS AND 82% WERE RETAINED IN CARE. SEVENTY-FOUR (74) WERE REFERRED TO EXTERNAL CLINICAL PARTNERS AND RECEIVED CARE AND SUPPORT TO HELP THEM MOVE ALONG THE HIV CARE CONTINUUM.- THE HEADLINERS, YOUTH COMMUNITY ADVISORY BOARD, MET 26 (17 FACE-TO-FACE, 9 VIRTUAL) TIMES IN FY20. THESE MEETINGS FOCUSED ON RETENTION FOR ACTIVE STUDIES AND ALSO TO GET SUP PORT, BUY-IN AND GUIDANCE FOR UPCOMING STUDIES. THERE WERE APPROXIMATELY 300 ATTENDEES FOR THESE MEETINGS IN FY20.- STAFF, ALONG WITH SHELBY COUNTY SCHOOLS AND SHELBY COUNTY HEALTH DEPARTMENT, CO-FACILITATED EDUCATIONAL SESSIONS FOR WORLD AIDS DAY (WAD). APPROXIMATELY 400 STUDENTS PARTICIPATED IN THE SESSIONS AND 100 WERE TESTED FOR HIV. STAFF ALSO PARTICIPATED IN WAD HEALTH SEGMENT FOR 88.5 FM VOICE OF SHELBY COUNTY SCHOOLS-220K LISTENERS.- HIV CLINICAL STAFF IMPLEMENTED THE FOLLOWING NEW CLINICAL PRACTICES TO STRENGTHEN SUPPORTIVE SERVICES: (1) STARTED OFFERING ANTIRETROVIRAL THERAPY ON 1ST VISIT; (2) USED MOTIVATIONAL INTERVIEWING (MI) TECHNIQUES DURING CLINIC VISITS, SOCIAL WORK VISITS AND PSYCHOLOGY VISITS TO IMPROVE CARE; (3) WORKED TO IDENTIFY GAPS THAT PREVENTED PATIENTS FROM SHOWING TO APPOINTMENTS; AND (4) IDENTIFIED POTENTIAL INTERVENTIONS TO IMPROVE CARE INCLUDING PROMOTING THE PATIENT PORTAL FOR RESCHEDULING APPOINTMENTS.- HELD FOUR MONTHLY TEEN SUPPORT GROUPS FOR YOUTH LIVING WITH HIV THAT INCLUDED FACILITATION OF SOCIAL SUPPORT AND SOCIAL INTERACTION AND PROVISION OF EDUCATION REGARDING MENTAL AND PHYSICAL HEALTH.- HELD FOUR COMMUNITY ADVISORY BOARD (CAB) MEETINGS TO PROVIDE EDUCATION AND SUPPORT TO PEOPLE LIVING WITH OR AFFECTED BY HIV AND ELICIT FEEDBACK REGARDING HIV-RELATED RESEARCH INITIATIVES.- HELD COMMUNITY ADVISORY BOARD (CAB) RECRUITMENT EVENT TO INCREASE CAB PARTICIPATION AND ENGAGE COMMUNITY MEMBERS IN CLINICAL AND RESEARCH INPUT FOR THE HIV CLINIC AND LARGER COMMUNITY AND PROVIDE EDUCATION AND SUPPORT FOR THOSE AFFECTED BY HIV.PEDIATRIC HEALTH NEED:CHILD KNOWLEDGE OF CANCER PREVENTION, NUTRITION, OBESITY, AND PHYSICAL ACTIVITYHEALTH FACILITIES INVOLVED:ST. JUDE CHILDREN'S RESEARCH HOSPITAL, ST. JUDE COMPREHENSIVE CANCER CENTERANTICIPATED OUTCOME:- INCREASE THE NUMBER OF STUDENTS AND TEACHERS PARTICIPATING IN ST. JUDE CANCER AND HEALTHY LIVING EDUCATION PROGRAM.ACTION ITEMS TO MEET IDENTIFIED HEALTH NEED:1. PARTNER WITH LOCAL EDUCATION AGENCIES TO DISSEMINATE CANCER AND HEALTHY LIVING EDUCATIONAL PROGRAMS.SELECTED ACCOMPLISHMENTS:- THE ST. JUDE AFTERSCHOOL STEM CLUBS, A PARTNERSHIP WITH THE SHELBY COUNTY SCHOOL DISTRICT, IS D</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PEDIATRIC HEALTH NEED:	<p>ESIGNED TO PROVIDE 5TH-GRADE STUDENTS OPPORTUNITIES TO ENGAGE IN SCIENCE AND ENGINEERING CONCEPTS TO REAL-WORLD PEDIATRIC CANCER PROBLEMS. DURING THE 2019-2020 SCHOOL YEAR, THE SJC CC CANCER EDUCATION AND OUTREACH PROGRAM FACILITATED AFTERSCHOOL STEM CLUBS IN 21 ELEMENTARY SCHOOLS TO 304 5TH-GRADE STUDENTS. THESE ARE BEING SHIFTED TO A VIRTUAL FORMAT FOR THE 2020-2021 SCHOOL YEAR.- THE ST. JUDE SUMMER SCIENCE CAMPS, A PARTNERSHIP WITH THE SHELBY COUNTY SCHOOL DISTRICT, IS DESIGNED TO PROVIDE K-5 STUDENTS ACCESS AND OPPORTUNITIES TO EXPLORE CANCER-RELATED CONCEPTS DURING THE DISTRICT'S SUMMER LEARNING ACADEMY. THE 2020 SSLA WAS PUT ON HOLD DUE TO COVID RELATED SCHOOL CLOSURES.- THE ST. JUDE CANCER EDUCATION IN THE CLASSROOM LOAN KITS ARE DESIGNED TO PROVIDE K-12 EDUCATORS ACCESS TO CURRICULAR MATERIALS TO ENHANCE SCIENCE EDUCATION IN THE CLASSROOM THROUGH CANCER-RELATED CONCEPTS. THE SJCCC CANCER EDUCATION AND OUTREACH PROGRAM WORKS WITH DISTRICT-LEVEL LEADERSHIP TO PROVIDE TEACHER TRAINING WORKSHOPS DURING TEACHER IN-SERVICE DAYS. DURING THE 2019-2020 SCHOOL YEAR, THE LOAN KITS WERE USED BY FIVE TEACHERS FROM FIVE DIFFERENT SCHOOLS TO DELIVER CANCER-RELATED CONCEPTS TO 600 STUDENTS. THESE ARE BEING PUT ON HOLD DURING THE 2020-2021 SCHOOL YEAR DUE TO THE FACT THAT SCS HAS SHIFTED TO VIRTUAL SCHOOLS AS A RESULT OF COVID.</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ST. JUDE CHILDREN'S RESEARCH HOSPITAL:	PART V, SECTION B, LINE 7A: THE CHNA REPORT WAS MADE WIDELY AVAILABLE AT THE FOLLOWING URL: HTTPS://WWW.STJUDE.ORG/ABOUT-ST-JUDE/FINANCIALS/COMMUNITY-HEALTH-NEEDS- ASSESSMENT.HTML ST. JUDE CHILDREN'S RESEARCH HOSPITAL:PART V, SECTION B, LINE 10A: THE HOSPITAL FACILITY'S MOST RECENTLY ADOPTED IMPLEMENTATION STRATEGY IS AVAILABLE AT THE FOLLOWING URL: HTTPS://WWW.STJUDE.ORG/ABOUT-ST-JUDE/FINANCIALS/COMMUNITY-HEALTH-NEEDS- ASSESSMENT.HTML ST. JUDE CHILDREN'S RESEARCH HOSPITAL:PART V, SECTION B, LINE 14: ST. JUDE CURRENTLY DOES NOT BILL NOR PURSUE PAYMENT FOR ANY ST. JUDE PATIENT; THEREFORE, ST. JUDE DOES NOT HAVE A BASIS FOR CALCULATING AMOUNTS CHARGED TO PATIENTS.ST. JUDE CHILDREN'S RESEARCH HOSPITAL: PART V, SECTION B, LINE 16A: THE FAP WAS MADE WIDELY AVAILABLE AT THE FOLLOWING URL: HTTPS://WWW.STJUDE.ORG/LEGAL/FINANCIAL-ASSISTANCE-POLICY.HTML ST. JUDE CHILDREN'S RESEARCH HOSPITAL:PART V, SECTION B, LINE 16B: BASED ON THE FINANCIAL ASSISTANCE STATEMENT (HTTPS://WWW.STJUDE.ORG/LEGAL/FINANCIAL- ASSISTANCE-STATEMENT.HTML) AND FINANCIAL ASSISTANCE POLICY (HTTPS://WWW.STJUDE.ORG/LEGAL/FINANCIAL-ASSISTANCE-POLICY.HTML), ST. JUDE DOES NOT HAVE AN APPLICATION FORM.ST. JUDE CHILDREN'S RESEARCH HOSPITAL:PART V, SECTION B, LINE 16C: A PLAIN LANGUAGE SUMMARY WAS MADE WIDELY AVAILABLE AT THE FOLLOWING URL: HTTPS://WWW.STJUDE.ORG/LEGAL/FINANCIAL-ASSISTANCE-STATEMENT.HTML

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
ST JUDE CHILDREN'S RESEARCH HOSPITAL
INC

Employer identification number

62-0646012

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 2

3 Enter total number of other organizations listed in the line 1 table 1

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	ST. JUDE CHILDREN'S RESEARCH HOSPITAL IS ACTIVELY INVOLVED WITH THE DONEE. THROUGH THIS ACTIVE INVOLVEMENT, THE ORGANIZATIONS ARE MONITORED TO ENSURE THE SUPPORT IS USED APPROPRIATELY.

Additional Data

Software ID:
Software Version:
EIN: 62-0646012
Name: ST JUDE CHILDREN'S RESEARCH HOSPITAL
INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OUR LADY OF THE LAKE REGIONAL MEDICAL CENTER 5000 HENNESSY BLVD BATON ROUGE, LA 70808	72-0423651	501(C)(3)	1,000,000				FINANCIAL SUPPORT
SAINT FRANCIS MEDICAL CENTER 530 NE GLEN OAK AVE PEORIA, IL 61637	37-0662569	501(C)(1)	490,909				OPERATION OF ST. JUDE CLINIC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GORDON RESEARCH CONFERENCES 512 LIBERTY LANE WEST KINGSTON, RI 02892	26-0150662	501(C)(3)	12,000				INTRINSICALLY DISORDERED PROTEINS AND ACUTE RESPIRATORY INFECTION CONFERENCES

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization ST JUDE CHILDREN'S RESEARCH HOSPITAL INC		Employer identification number 62-0646012

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input checked="" type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?		2 Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 1A	FIRST-CLASS TRAVEL: TWO OFFICERS EACH PURCHASED ONE FIRST CLASS TICKET. TRAVEL EXPENSES ARE REIMBURSED UNDER AN ACCOUNTABLE PLAN AND ARE NOT RECORDED AS COMPENSATION. TRAVEL FOR COMPANIONS: FAMILY MEMBER OF ONE FORMER OFFICER, TRAVELS ON HOSPITAL BUSINESS AS REQUIRED BY THE POSITION. TRAVEL EXPENSES ARE REIMBURSED UNDER AN ACCOUNTABLE PLAN AND NOT RECORDED AS COMPENSATION. TAX INDEMNIFICATION AND GROSS-UP PAYMENTS: A PAYMENT WAS ISSUED FOR DEPENDENT TUITION FOR TWO OFFICERS. THE APPLICABLE EXPENSE WAS GROSSED-UP AND INCLUDED IN THE EMPLOYEE'S W-2 AS ADDITIONAL TAXABLE COMPENSATION.
PART I, LINE 4A:	UNDER A VOLUNTARY SEPARATION AGREEMENT ENTERED INTO BY THE EMPLOYEE AND THE ORGANIZATION, THE EMPLOYEE IS ENTITLED TO SEVERANCE PAY. THE TERMS AND CONDITIONS TO RECEIVE SEVERANCE PAYMENTS ARE CONFIDENTIAL. ALL SEVERANCE AGREEMENTS, WHEN LEGALLY PERMITTED, INCLUDE A RELEASE OF CLAIMS. SEVERANCE PAYMENTS WERE MADE DURING THE YEAR TO THE FOLLOWING LISTED PERSON IN PART VII: MARY ANNA QUINN \$277,400
PART I, LINE 4B:	THE ORGANIZATION ESTABLISHED A NON-QUALIFIED DEFERRED COMPENSATION PLAN PURSUANT TO CODE SECTION 457(F) OF THE INTERNAL REVENUE CODE. THE PLAN AMOUNTS ARE SUBJECT TO SUBSTANTIAL FUTURE SERVICE REQUIREMENTS TO THE ORGANIZATION AND ARE SUBJECT TO SUBSTANTIAL RISK OF FORFEITURE. NO NONQUALIFIED PLAN PAYMENTS WERE MADE DURING THE YEAR TO ANY LISTED PERSONS IN PART VII.
SCHEDULE J, PART II:	RICHARD C. SHADYAC, JR. SERVES AS AN EX-OFFICIO VOTING DIRECTOR OF THE BOARD OF ST. JUDE. MR. SHADYAC IS EMPLOYED AS AN OFFICER OF ALSAC, A RELATED ORGANIZATION TO ST. JUDE. THE COMPENSATION SHOWN IN COLUMNS (B), (C), (D) AND (E) WAS PAID TO MR. SHADYAC BY ALSAC FOR HIS DUTIES AS CEO OF ALSAC.

Additional Data

Software ID:
Software Version:

EIN: 62-0646012
Name: ST JUDE CHILDREN'S RESEARCH HOSPITAL
INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation		(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation			
1RICHARD C SHADYAC JR EX-OFFICIO DIRECTOR	(i) -----	0	0	0	0	0
	(ii) -----	842,937	-----	-----	-----	-----
1JAMES R DOWNING PRESIDENT/CEO	(i) -----	150	1,161,523	24,682	2,324,885	420,000
	(ii) -----	0	0	0	0	0
2PATRICIA A KEEL EVP, CAO & CFO	(i) -----	150	5,126	23,872	702,588	0
	(ii) -----	0	0	0	0	0
3JAMES I MORGAN EVP/SCIENTIFIC DIRECTOR	(i) -----	150	9,018	27,182	653,845	0
	(ii) -----	0	0	0	0	0
4ELLIS NEUFELD EVP/CLINICAL DIRECTOR	(i) -----	150	5,082	22,814	938,048	0
	(ii) -----	0	0	0	0	0
5CHARLES M ROBERTS EVP/DIRECTOR CANCER CENTER	(i) -----	150	1,450	12,964	970,261	0
	(ii) -----	0	0	0	0	0
6CARLOS RODRIGUEZ- GALINDO EVP/CHAIR	(i) -----	150	78,673	12,043	823,026	0
	(ii) -----	0	0	0	0	0
7DORALINA ANGHELESCU FACULTY	(i) -----	17,650	507,888	18,006	1,152,340	0
	(ii) -----	0	0	0	0	0
8ANDREW DAVIDOFF CHAIR	(i) -----	17,650	72,572	31,676	927,522	0
	(ii) -----	0	0	0	0	0
9TERRENCE L GEIGER SVP/DEPUTY DIRECTOR	(i) -----	17,650	430,891	34,236	1,116,349	0
	(ii) -----	0	0	0	0	0
10MARY ELIZABETH MCCARVILLE FACULTY	(i) -----	26,650	455,480	21,971	1,115,925	0
	(ii) -----	0	0	0	0	0
11THOMAS E MERCHANT CHAIR	(i) -----	17,650	128,184	34,236	1,014,280	0
	(ii) -----	0	0	0	0	0
12WILLIAM E EVANS FACULTY/FORMER PRESIDENT/CEO	(i) -----	150	8,790	12,043	705,828	0
	(ii) -----	0	0	0	0	0
13MARY ANNA QUINN FORMER EVP/CAO	(i) -----	0	458,243	14,272	967,057	375,000
	(ii) -----	0	0	0	0	0

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
ST JUDE CHILDREN'S RESEARCH HOSPITAL
INC

Employer identification number
62-0646012

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SUSANNA DOWNING	SEE PART V	72,240	EMPLOYMENT		No
(2) JEREMY QUINN	SEE PART V	93,781	EMPLOYMENT		No
(3) MARY RELLING	SEE PART V	553,600	EMPLOYMENT		No
(4) DIANE ROBERTS	SEE PART V	235,900	EMPLOYMENT		No
(5) CHRISTOPHER ROBERTS	SEE PART V	15,903	EMPLOYMENT		No
(6) LYNN RODRIGUEZ	SEE PART V	171,007	EMPLOYMENT		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference	Explanation
SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:	(A) NAME OF INTERESTED PERSON: SUSANNA DOWNING(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY MEMBER OF PRESIDENT AND CEO, JAMES R. DOWNING.(C) AMOUNT OF TRANSACTION: \$72,240(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT(E) SHARING OF ORGANIZATION REVENUES? = NO
SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:	(A) NAME OF INTERESTED PERSON: JEREMY QUINN(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY MEMBER OF OFFICER, MARY ANNA QUINN.(C) AMOUNT OF TRANSACTION: \$93,781(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT(E) SHARING OF ORGANIZATION REVENUES? = NO
SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:	(A) NAME OF INTERESTED PERSON: MARY RELLING(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY MEMBER OF FORMER OFFICER (PRESIDENT AND CEO), WILLIAM E. EVANS.(C) AMOUNT OF TRANSACTION: \$553,600(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT(E) SHARING OF ORGANIZATION REVENUES? = NO
SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:	(A) NAME OF INTERESTED PERSON: DIANE ROBERTS(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY MEMBER OF OFFICER, CHARLES M. ROBERTS.(C) AMOUNT OF TRANSACTION: \$235,900(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT(E) SHARING OF ORGANIZATION REVENUES? = NO
SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:	(A) NAME OF INTERESTED PERSON: CHRISTOPHER ROBERTS(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY MEMBER OF OFFICER, CHARLES M. ROBERTS.(C) AMOUNT OF TRANSACTION: \$15,903(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT(E) SHARING OF ORGANIZATION REVENUES? = NO
SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:	(A) NAME OF INTERESTED PERSON: LYNN RODRIGUEZ(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY MEMBER OF OFFICER, CARLOS RODRIGUEZ-GALINDO.(C) AMOUNT OF TRANSACTION: \$171,007(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization
ST JUDE CHILDREN'S RESEARCH HOSPITAL
INC**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019**Open to Public
Inspection****Employer identification number**

62-0646012

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	FAMILY RELATIONSHIP AMONG DIRECTORS: JOSEPH S. AYOUB, JR., ESQ. AND PAUL J. AYOUB, ESQ.; GEORGE A. SIMON, II AND PAUL J. SIMON; ROBERT A. BREIT, MD AND JOSEPH G. SHAKER; JOSEPH C. SHAKER AND JOSEPH G. SHAKER; PAUL J. SIMON AND MICHAEL SIMON.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	IN FEBRUARY OF EACH YEAR, THE AUDIT & COMPLIANCE COMMITTEE AND OFFICERS OF THE BOARD ARE PROVIDED WITH A DRAFT COPY OF THE FORM 990 AND ALL REQUIRED SCHEDULES. THE AUDIT & COMPLIANCE COMMITTEE MEETS WITH ITS TAX PREPARER TO REVIEW THE DRAFT FORM 990 BEFORE IT IS FILED WITH THE IRS. ADDITIONALLY THE COMPENSATION COMMITTEE OF THE BOARD IS PROVIDED WITH A DRAFT COPY OF THE COMPENSATION SECTIONS OF THE FORM 990, AND THE CONFLICT OF INTEREST COMMITTEE OF THE BOARD IS PROVIDED WITH A DRAFT COPY OF THE CONFLICT-OF-INTEREST SECTIONS OF THE FORM 990 FOR REVIEW BEFORE THE FINALIZED DOCUMENT IS FILED WITH THE IRS. EACH VOTING MEMBER OF THE BOARD IS PROVIDED WITH A FINAL COPY OF THE FORM 990 AND ALL REQUIRED SCHEDULES BEFORE IT IS FILED WITH THE IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>NEW BOARD MEMBERS ARE GIVEN A COPY OF THE BOARD OF GOVERNOR'S CONFLICT OF INTEREST POLICY AND COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM. IN ADDITION, ALL BOARD MEMBERS COMPLETE A CONFLICT OF INTEREST DISCLOSURE UPDATE AT LEAST ANNUALLY. THERE IS A CONFLICT OF INTEREST COMMITTEE OF THE BOARD THAT REVIEWS THE ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENTS THAT ARE COMPLETED BY EACH BOARD MEMBER AND DISCUSSES AND RESOLVES CONFLICTS OF INTEREST, WITH OPPORTUNITY FOR APPEAL TO THE FULL BOARD. IN ADDITION, THE ORGANIZATION HAS A CHIEF COMPLIANCE OFFICER AND COMPLIANCE DEPARTMENT, WHICH ADMINISTER THE CONFLICT OF INTEREST DISCLOSURE PROCESS FOR ALL EMPLOYEES IN CLINICAL, RESEARCH, AND SELECT ADMINISTRATIVE DEPARTMENTS, AS WELL AS EMPLOYEES IDENTIFIED AS SUPERVISORS OR WHO HAVE PURCHASING AUTHORITY. ALL SUCH EMPLOYEES COMPLETE CONFLICT OF INTEREST TRAINING AND A CONFLICT OF INTEREST DISCLOSURE ANNUALLY. THE COMPLIANCE OFFICER ENSURES EMPLOYEES MEET THESE REQUIREMENTS AND REVIEWS SUBMITTED DISCLOSURES. DISCLOSURES IDENTIFIED AS AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST ARE ADDRESSED BY THE COMPLIANCE OFFICE WITH INVOLVEMENT OF THE INSTITUTIONAL CONFLICT OF INTEREST COMMITTEE AS APPROPRIATE. DEPENDING ON THE FACTS AND CIRCUMSTANCES, THE ACTIVITY MAY BE MANAGED PURSUANT TO A MANAGEMENT PLAN, OR PROHIBITED.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD'S COMPENSATION COMMITTEE COMMISSIONS ANNUAL THIRD PARTY SALARY SURVEYS TO DETERMINE COMPENSATION FOR THE FOLLOWING OFFICERS: CHIEF EXECUTIVE OFFICER, SCIENTIFIC DIRECTOR, CANCER CENTER DIRECTOR, CHIEF ADMINISTRATIVE OFFICER, CHIEF FINANCIAL OFFICER, CLINICAL DIRECTOR, CHIEF GOVERNANCE OFFICER/CORPORATE SECRETARY, CHIEF LEGAL OFFICER, AND CHAIR, DEPARTMENT OF GLOBAL PEDIATRIC MEDICINE. IN ADDITION, FOUR EMPLOYEES ARE CONSIDERED "DISQUALIFIED" BECAUSE THEY ARE FORMER EXECUTIVES OR RELATIVES OF CURRENT OR FORMER EXECUTIVES, AND THEIR COMPENSATION THEREFORE FALLS WITHIN THE COMPENSATION COMMITTEE'S PURVIEW. ALL CHANGES TO OFFICERS' SALARIES ARE APPROVED BY THE COMPENSATION COMMITTEE AND REPORTED TO THE BOARD. THE LAST REVIEW WAS COMPLETED IN DECEMBER 2020.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST, GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE ONLY AS REQUIRED BY APPLICABLE STATE LAW.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	CHANGE IN INTEREST IN NET ASSETS OF ALSAC WITHOUT DONOR RESTRICTIONS 388,708,538. CHANGE I N INTEREST IN NET ASSETS OF ALSAC WITH DONOR RESTRICTIONS -18,366,158.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
ST JUDE CHILDREN'S RESEARCH HOSPITAL
INC

Employer identification number
62-0646012

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.						
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	
(1) CHILDREN'S GMP LLC 262 DANNY THOMAS PLACE MEMPHIS, TN 381053678 47-4475625	VACCINE MANUFACTURER	TN	861,505	3,265,484	ST JUDE CHILDREN'S RESEARCH HOSPITAL INC	
(2) THANKS & GIVING LLC 262 DANNY THOMAS PLACE MEMPHIS, TN 381053678 20-1310435	ROYALTY INCOME FROM RECORD SALES	TN	0	10,632	ST JUDE CHILDREN'S RESEARCH HOSPITAL INC	
(3) THE RIGHT WORDS LLC 262 DANNY THOMAS PLACE MEMPHIS, TN 381053678 95-4878579	ROYALTY INCOME FROM BOOK SALES	NY	0	0	ST JUDE CHILDREN'S RESEARCH HOSPITAL INC	
(4) ST JUDE CHILDREN'S RESEARCH HOSPITAL GRADUATE SCHOOL OF BIOMEDICAL SCIENCES 262 DANNY THOMAS PLACE MEMPHIS, TN 381053678 81-3240987	HIGHER EDUCATION	TN	1,816	1,173,699	ST JUDE CHILDREN'S RESEARCH HOSPITAL INC	

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
						YesNo
(1)AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES INC 501 ST JUDE PLACE MEMPHIS, TN 381053678 35-1044585	SOLICIT SUPPORT FOR OPERATION OF ST. JUDE	IL	501(C)(3)	7	N/A	No
For Paperwork Reduction Act Notice, see the Instructions for Form 990.						Schedule R (Form 990) 2019

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p	Yes
q Reimbursement paid by related organization(s) for expenses	1q	Yes
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation